

PROJECT 0073 RECORD

1. DATE - TIME GROUP 11 Dec 67	2. LOCATION Near Springfield, Ohio (1 Witness)
3. SOURCE Civilian	10. CONCLUSION INSUFFICIENT DATA FOR EVALUATION Only very limited information is given in the report. The observers address is not given, only his phone number. This number was called several times but no one answered. The Duty Officer thought the observer sounded nervous and was evasive.
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION Not Reported	
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE Not Reported	11. BRIEF SUMMARY AND ANALYSIS Observer reported to duty officer that he had seen a "classic flying saucer."
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

SUBJECT REPORTED HE WAS PARKED IN WOODS WITH A GIRL & 2 OTHER COUPLES. SUBJECT LEFT CAR & WENT INTO WOODS TO ANSWER CALL OF NATURE. HEARD A SOUND LIKE SONAR PINGS, LOOKED UP & SAW OBJECT PASS OVER CAR AT LOW ALTITUDE. OBJECT WAS ABOUT 100 FT. DIAMETER, METALLIC COLOR, & HAD LIGHTS RESEMBLING AIRCRAFT NAV-LIGHTS.

SUBJECT WAS RELUCTANT TO GIVE NAME & PHONE NUMBER; SOUNDED NERVOUS & EVASIVE.

PREPARED BY. OD: CAPT JONES/70151

3 Dec 67

NEIO

OFFICIAL U.S. AIR

Page 1

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

5 Dec 1967
Day Month Year

2. Time of day:

5 35
Hours Minutes

(Circle One):

A.M.

or

P.M.

3. Time Zone:

(Circle One): a. Eastern
b. Central
c. Mountain
d. Pacific
e. Other Eastern

(Circle One): a. Daylight Saving
b. Standard

4. Where were you when you saw the object?

Rockaway Township Marcella New Jersey
Nearest Postal Address City or Town State or County

5. How long was object in sight? (Total Duration)

Hours Minutes 4 Seconds

a. Certain
b. Fairly certain

c. Not very sure
d. Just a guess

5.1 How was time in sight determined?

moving moderately slow about 4 Sec.

5.2 Was object in sight continuously?

Yes ✓

No

6. What was the condition of the sky?

DAY

a. Bright
b. Cloudy

NIGHT

a. Bright
b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you
b. In back of you
c. To your right

d. To your left
e. Overhead
f. Don't remember

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Yes	No	Don't know
Yes	No	Don't know
Yes	No	Don't know
Yes	No	Don't know
Yes	No	Don't know
Yes	(No)	Don't know
Yes	No	Don't know
Yes	No	Don't know

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[illegible]

Official U.S. Air Force

Page 3

Did the object disappear while you were watching it? If so, how?

No

15. Did the object move behind something at any time, particularly a cloud?

(Circle One):

Yes

☒ No

Don't know.

If you answered YES, then tell what

it moved behind:

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One):

Yes

☒ No

Don't know.

If you answered YES, then tell what

in front of:

17. Tell in a few words the following things about the object:

a. Sound

no sound to high

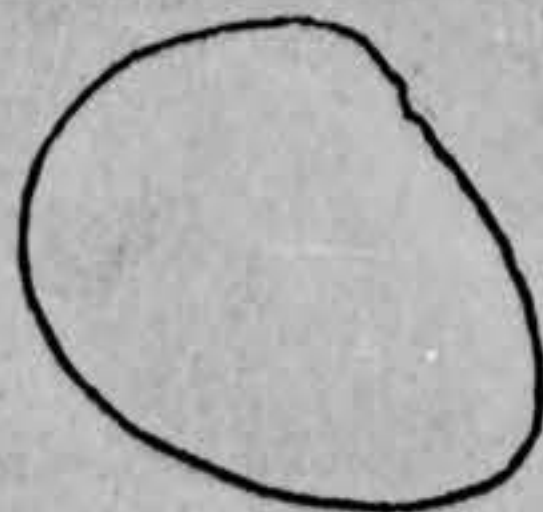
b. Color

very bright light

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

round

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.



to high to
notice any thing

UFO form continued

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20. Do you think you can estimate the speed of the object?

(Circle One)

Yes

☒ No

IF you answered YES, then what speed would you estimate? _____

21. Do you think you can estimate how far away from you the object was?

(Circle One)

☒ Yes

No

IF you answered YES, then how far away would you say it was? Very high

22. Where were you located when you saw the object?

(Circle One):

- a. Inside a building
- b. ☒ In a car
- c. Outdoors
- d. In an airplane (type)
- e. At sea
- f. Other _____

23. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- c. ☒ In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- | | | | |
|--------------|--------------|--------------|--|
| a. North | c. East | e. South | g. <input checked="" type="radio"/> West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

24.2 How fast were you moving? 45 miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One)

Yes

☒ No

25. Did you observe the object through any of the following?

- | | | | | | |
|-----------------|--------------------------------------|-------------------------------------|----------------|-----|-------------------------------------|
| a. Eyeglasses | Yes | <input checked="" type="radio"/> No | e. Binoculars | Yes | <input checked="" type="radio"/> No |
| b. Sun glasses | Yes | <input checked="" type="radio"/> No | f. Telescope | Yes | <input checked="" type="radio"/> No |
| c. Windshield | Yes | <input checked="" type="radio"/> No | g. Theodolite | Yes | <input checked="" type="radio"/> No |
| d. Window glass | <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No | h. Other _____ | | |

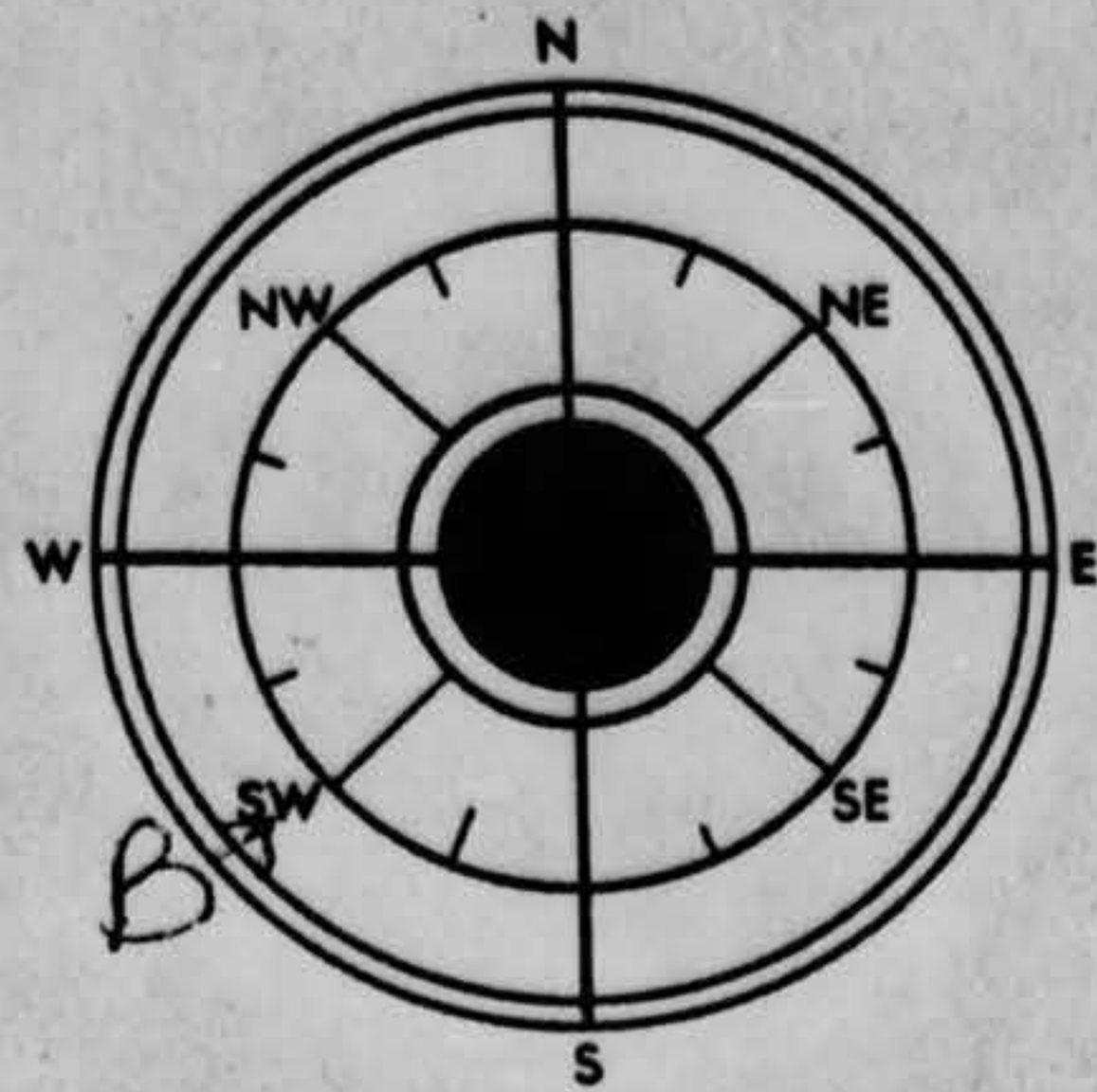
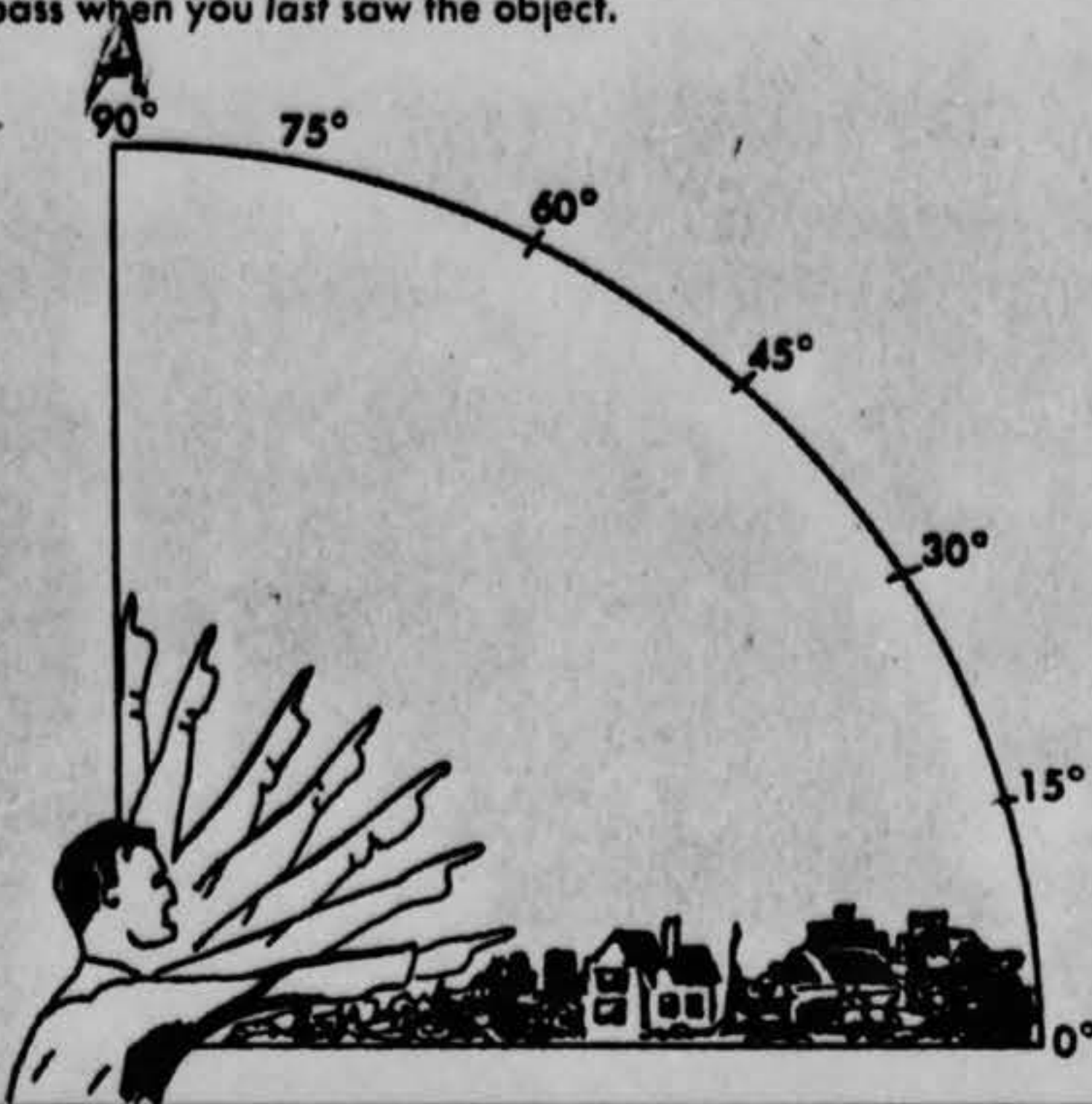
26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

very, very, bright + large star

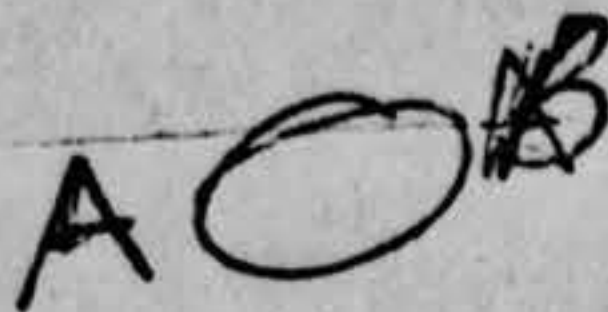
5 Dec 67

UFO

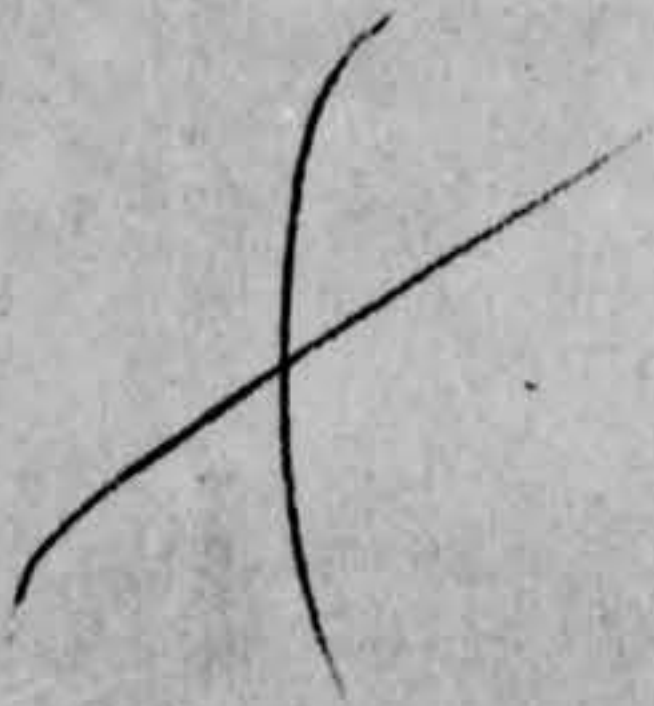
27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass when you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



29. IF there was MORE THAN ONE object, then how many were there? _____
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.



JFO form continued

Page 6

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

X

31. Was anyone else with you at the time you saw the object? (Circle One)

Yes

☒ No

31.1 IF you answered YES, did they see the object too? (Circle One)

Yes

No

31.2 Please list their names and addresses:

32. Please give the following information about yourself:

NAME

Last Name

First Name

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

AGE

SEX

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

5

Day

December

Month

1967

Year

Official U.S. Air For

Page 7

34. Date you completed this questionnaire:

5
Day

Dec
Month

1967
Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

no noise no doors or landing
gear noteable

NETO

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Page

U.S. AIR FORCE TECHNICAL INFORMATION

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1. When did you see the object?

5 Day Dec Month 1967 Year

2. Time of day:

5 Hours 35 Minutes

(Circle One):

A.M. or P.M.

3. Time Zone:

(Circle One): a. Eastern
b. Central
c. Mountain
d. Pacific
e. Other Eastern

(Circle One): a. Daylight Saving
b. Standard

4. Where were you when you saw the object?

Rockaway Township Nearest Postal Address Marcella City or Town New Jersey State or County

5. How long was object in sight? (Total Duration)

4 Hours 0 Minutes 0 Seconds

a. Certain
b. Fairly certain

c. Not very sure
d. Just a guess

5.1 How was time in sight determined?

moving moderately slow about 4 Sec.

5.2 Was object in sight continuously?

Yes ✓ No

6. What was the condition of the sky?

DAY
a. Bright
b. Cloudy

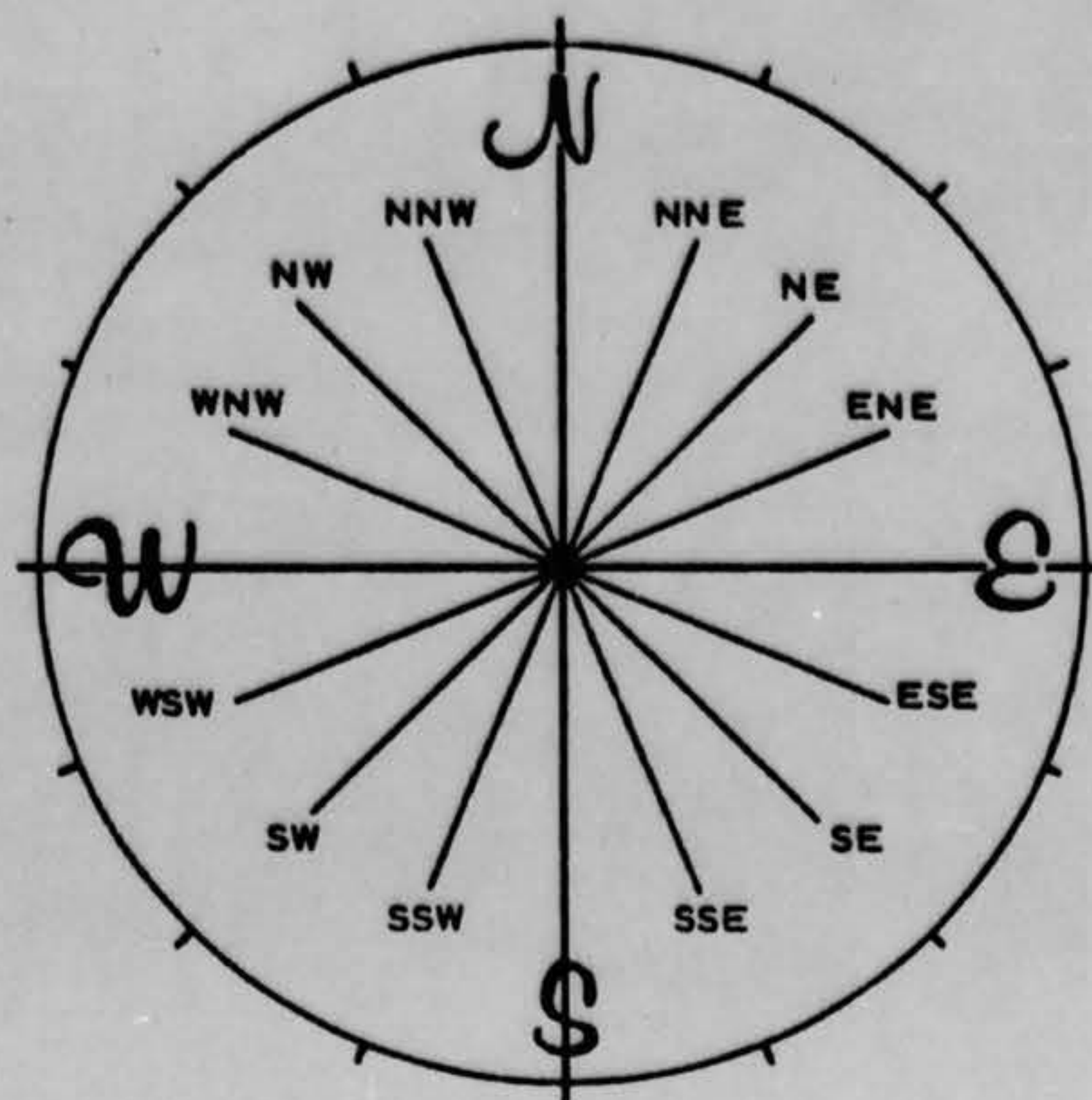
NIGHT
a. Bright
b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

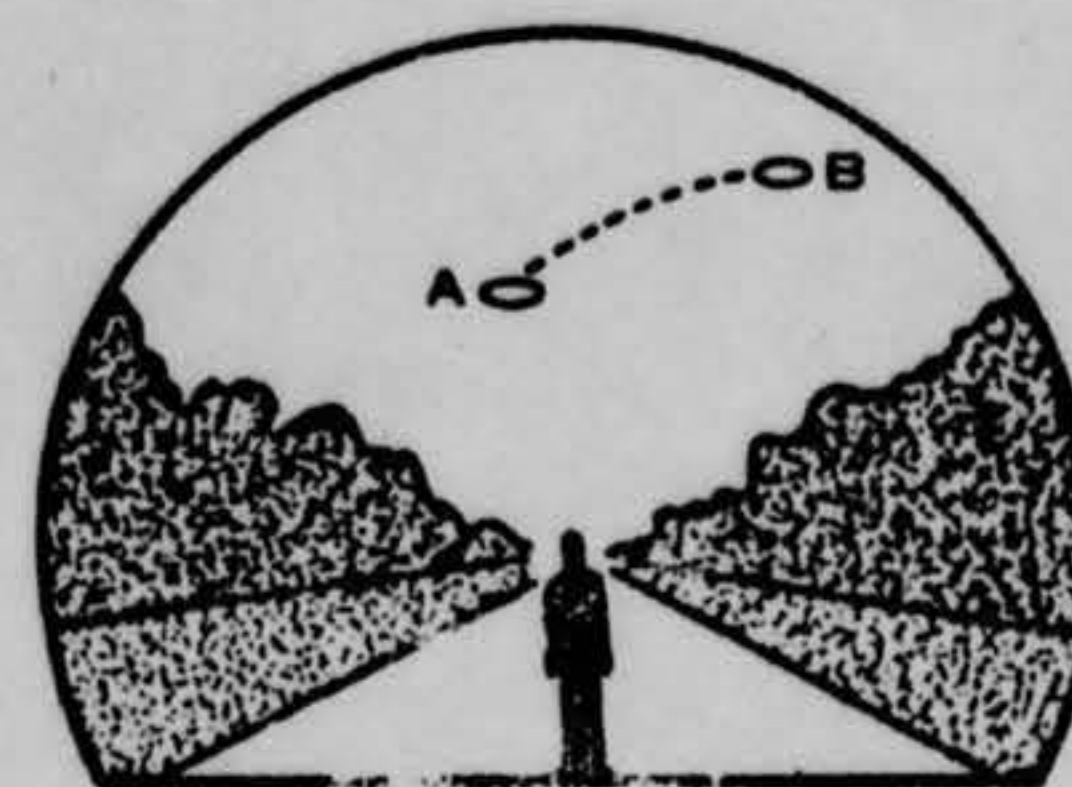
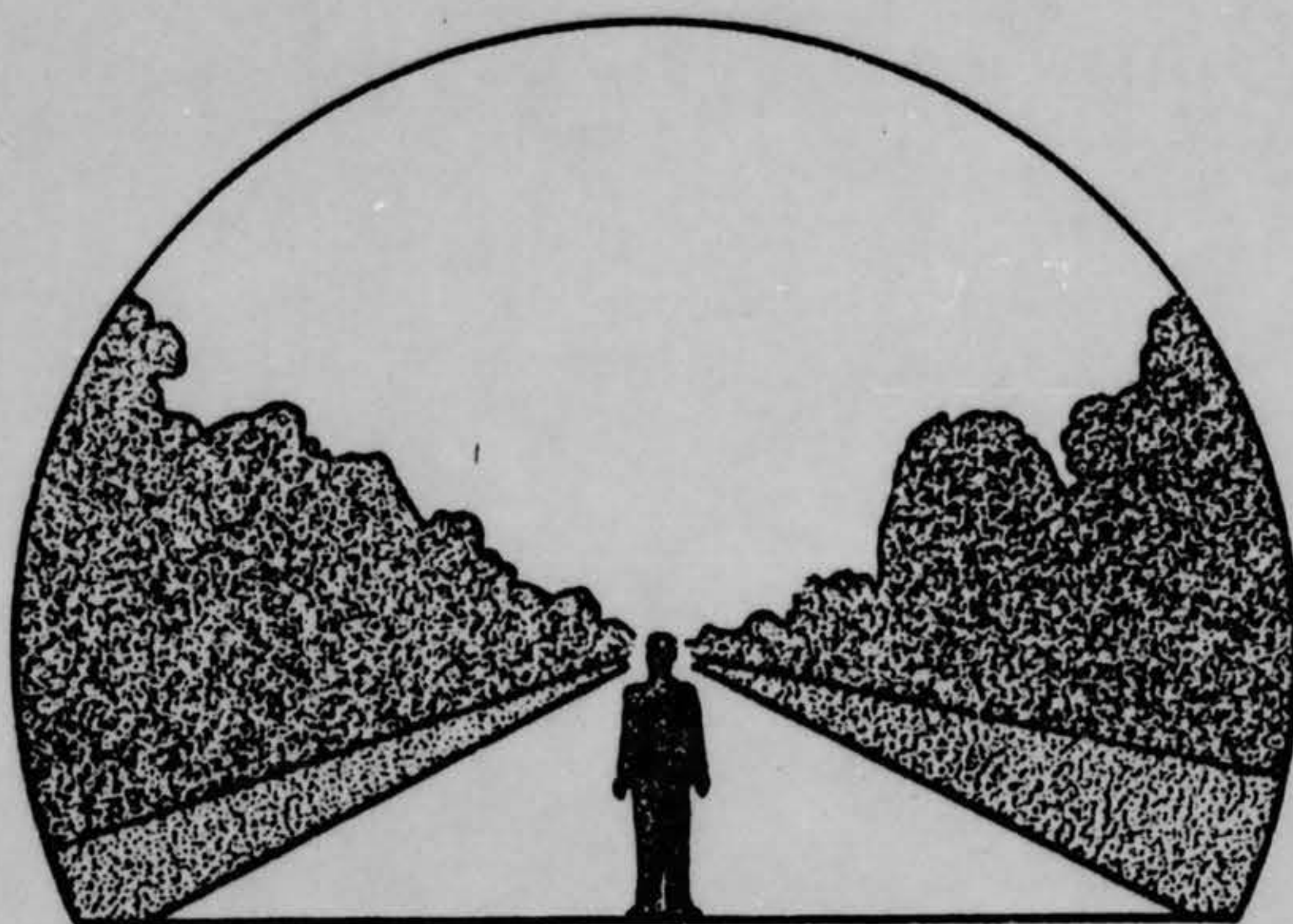
(Circle One): a. In front of you
b. In back of you
c. To your right

X d. To your left
e. Overhead
f. Don't remember

6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.

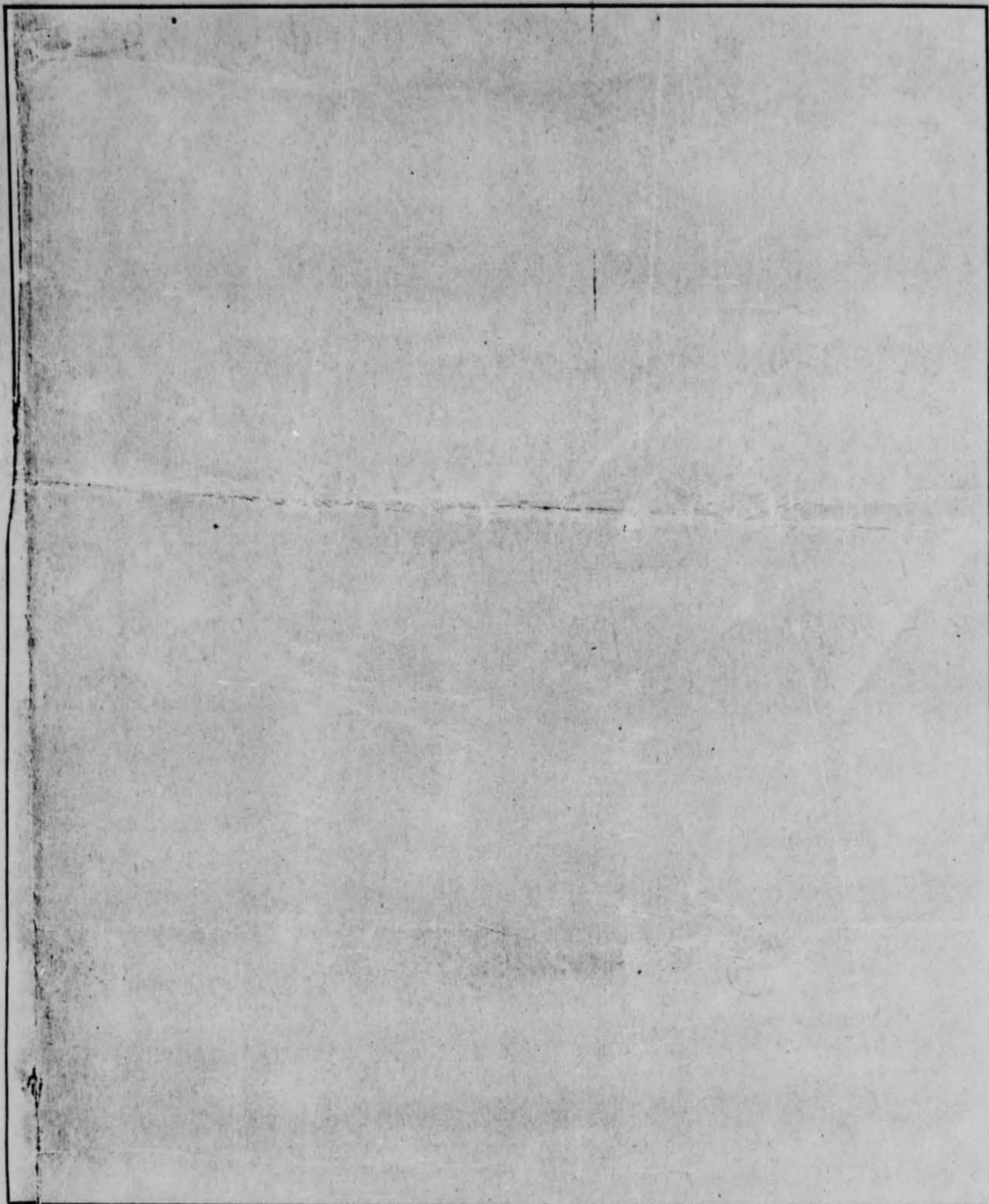


7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



UFO form continued

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No Case Info Only

OFFICIAL U.S. AIR

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U.S. AIR FORCE TECHNICAL INFORMATION

8 Dec 1967

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

8 Day Dec. Month 1967 Year

2. Time of day: 8 Hours 30 Minutes

(Circle One): A.M. or (P.M.)

3. Time Zone:

(Circle One) a. Eastern
b. Central
c. Mountain
d. Pacific
e. Other _____

(Circle One): a. Daylight Saving
b. Standard

4. Where were you when you saw the object?

[REDACTED]
Nearest Postal Address

PACEL
City or Town

PENNSYLVANIA
State or County

5. How long was object in sight? (Total Duration)

Hours Minutes 1.5 Seconds

a. Certain
b. Fairly certain

c. Not very sure
d. Just a guess

5.1 How was time in sight determined? APPROXIMATION

5.2 Was object in sight continuously? Yes ✓ No _____

6. What was the condition of the sky?

DAY
a. Bright
b. Cloudy

NIGHT
a. Bright
b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you
b. In back of you
c. To your right

d. To your left
e. Overhead
f. Don't remember

FORCE UFO FORM

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8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- ☒ c. Many
- d. Don't remember

8.2 MOON (Circle One):

- ☒ a. Bright moonlight
- b. Dull moonlight
- c. No moonlight—pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- ☒ c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- ☒ a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- ☒ d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- ☒ a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

Sweet light

12. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
 - b. Like a bright star
 - c. Sharply outlined
 - d. Don't remember

e. Other Glowing, somewhat blurred, but distinct enough to be identified as glowing.

13. Did the object:

(Circle One for each question)

- a. Appear to stand still at any time?
- b. Suddenly speed up and rush away at any time?
- c. Break up into parts or explode?
- d. Give off smoke?
- e. Change brightness?
- f. Change shape?
- g. Flash or flicker?
- h. Disappear and reappear?

Yes	<input checked="" type="radio"/> No	Don't know
<input checked="" type="radio"/> Yes	No	Don't know
<input checked="" type="radio"/> Yes	No	Don't know
Yes	<input checked="" type="radio"/> No	Don't know
Yes	<input checked="" type="radio"/> No	Don't know
<input checked="" type="radio"/> Yes	No	Don't know
Yes	<input checked="" type="radio"/> No	Don't know
Yes	<input checked="" type="radio"/> No	Don't know

UFO form continued

Page 4

20. Do you think you can estimate the speed of the object?

(Circle One)

☒ Yes

☐ No

IF you answered YES, then what speed would you estimate? 18,000 mph

21. Do you think you can estimate how far away from you the object was?

(Circle One)

☐ Yes

☒ No

IF you answered YES, then how far away would you say it was? _____

22. Where were you located when you saw the object?

(Circle One):

a. Inside a building

b. In a car

☒ c. Outdoors

d. In an airplane (type)

e. At sea

f. Other _____

23. Were you (Circle One)

a. In the business section of a city?

b. In the residential section of a city?

c. In open countryside?

d. Near an airfield?

e. Flying over a city?

f. Flying over open country?

g. Other suburban development

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

a. North

c. East

e. South

g. West

b. Northeast

d. Southeast

f. Southwest

h. Northwest

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One)

☐ Yes

☐ No

25. Did you observe the object through any of the following?

a. Eyeglasses

Yes

☒ No

b. Sun glasses

Yes

☒ No

c. Windshield

Yes

☒ No

d. Window glass

Yes

☒ No

e. Binoculars

Yes

☒ No

f. Telescope

Yes

☒ No

g. Theodolite

Yes

☒ No

h. Other naked eye

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

The moon, if elongated, and if craters, etc, weren't so distinct, or a street light.

Official U.S. Air Force

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14. Did the object disappear while you were watching it? If so, how? *It sped across the sky, then broke up into ~~two~~ two large pieces then just disappeared.*

15. Did the object move behind something at any time, particularly a cloud?

(Circle One):

Yes

☒ No

Don't know.

IF you answered YES, then tell what

it moved behind: _____

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One):

☒ Yes

No

Don't know.

IF you answered YES, then tell what

in front of: *a cloud, just as it was breaking up.*

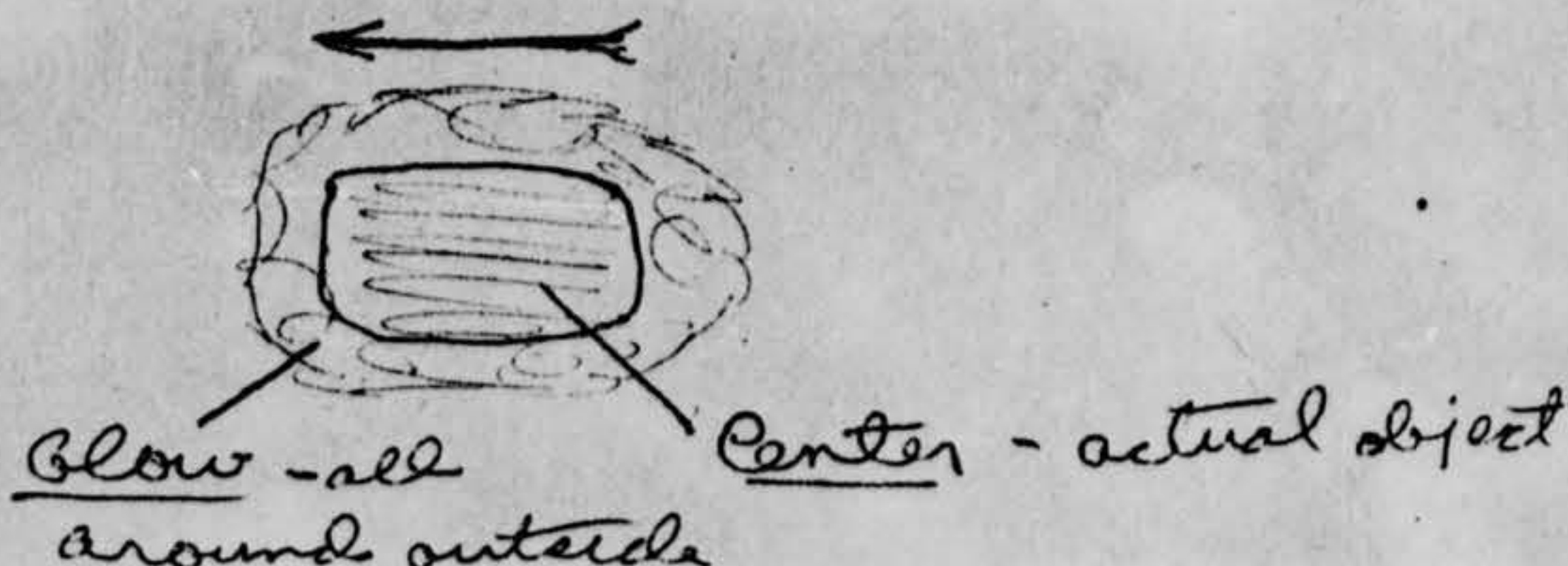
17. Tell in a few words the following things about the object:

a. Sound *none*

b. Color *bluish-white, whiter towards center.*

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head? *About half of it.*

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.



Official U.S. Air Force

Page 7

34. Date you completed this questionnaire:

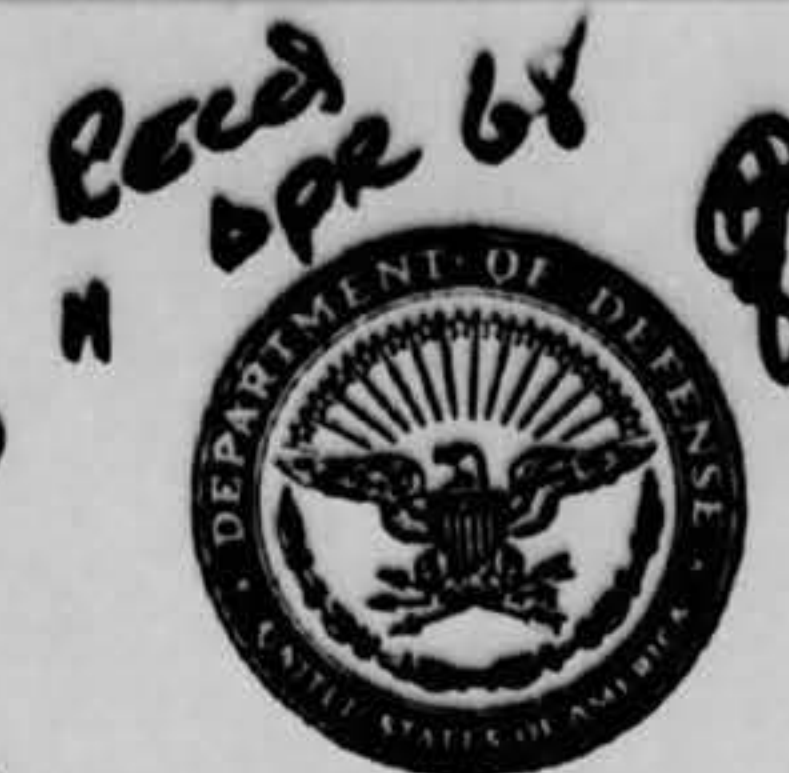
9 DEC. 1967
Day Month Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

The object first appeared to me at 8:30 pm. Directly overhead. I was walking across my lawn to my house with Bob Wilson. I noticed it, and yelled for Bob to look also. The object was moving quite fast (I figured 15,000^{mph} on the assumption that it was entering the Earth's atmosphere at the time that I saw it), and it was hard for Bob to pick up. He noticed it just before it broke up and disappeared. We were walking South West, and the object moved opposite to us. It took

about 1.5 seconds, or less, before
it disappeared. The only conclusion
we could come to ~~would~~ were
that it was a meteor that was
just entering the Earth's atmosphere.
(That would account for its' sudden
appearance.) The object then proceeded
to break up (into two large pieces)
and then it disappeared altogether.
(The breaking up would account
for its' disappearance, and its'
glowing). Since meteors do
travel very fast, the speed
would be accounted for. If
this was a meteor, it was
one of the largest I've ever
heard of.

DEPARTMENT OF THE AIR FORCE
DETACHMENT 3 (EUROPEAN OFFICE) FOREIGN TECHNOLOGY DIVISION (AFSC)
APO NEW YORK 09633



REPLY TO
ATTN OF:

ITIA

8 January 1968

SUBJECT:

UFO Reporting

TO:

Hq FTD (TDA/Det Opr)
WPAFB, Ohio 45433

1. On 11 December 67, a UFO was sighted in West Berlin in the vicinity of Tempelhof Airport (also used as a USAF facility), by several guards and a duty officer. Guards on duty and Air Police attempted, unsuccessfully, to follow the object in cars. An extract from one of the followup reports stated, "a mix up with the moon is out of the question".

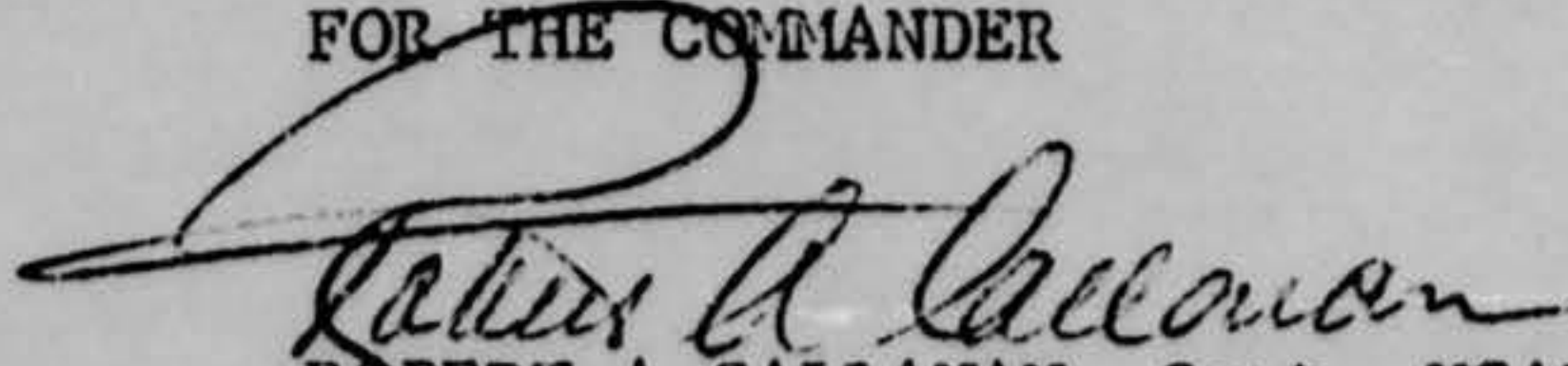
2. With the UFO Bible (AFR 80-17) in hand and a genuine "FTD" representative (Lt Col Klinikowski, BLO) physically in West Berlin, Det 3 was called on for advice and help. Since it's politically impossible to say "sorry, we're not interested", Lt Col Klinikowski did what he could in taking down the first and second person reports (AF Form 117) of those individuals involved. Now the problem is where do we go from here?

3. AFR 80-17 specializes the Air Force's interest in only "UFO's over the United States"; yet states elsewhere of its interest "if the UFO is a possible threat to the United States". In this recent incident, the Director of Public Safety, US Mission, Berlin personally requested FTD's evaluation; they are concerned lest there be a potential security threat to their area of responsibilities. (Lt Col Klinikowski believes it was in fact the moon and reported as much to US Mission, Berlin.)

4. When several UFO incidents occurred 15 months ago, and Hq USAFE turned to Det 3 for the answer, we forwarded all data to FTD (TDE) for their review and action. Instead of an evaluation or sound advice we received a 4 sentence letter, telling Det 3 to keep out of the UFO business, not to bother Hq FTD with these matters as long as the sightings were outside "the Continental United States." Armed with this enlightening correspondence we had to brief the Chief of Staff, USAFE, on FTD's findings. It was rather discouraging and embarrassing for all concerned. For many months we've enjoyed relative quiet on this topic until 11 Dec 67, once again we are pressured into asking Hq FTD for assistance and advice.

5. Request you pass this data on to the current FTD in-house OPR on UFO Reports, not so much for its evaluation as for help in furnishing Det 3 with a sound and reasonable professional approach in handling these matters in the future. The formula may be simple, but we need that formula so as not to decrease Det 3's stature in this theater.

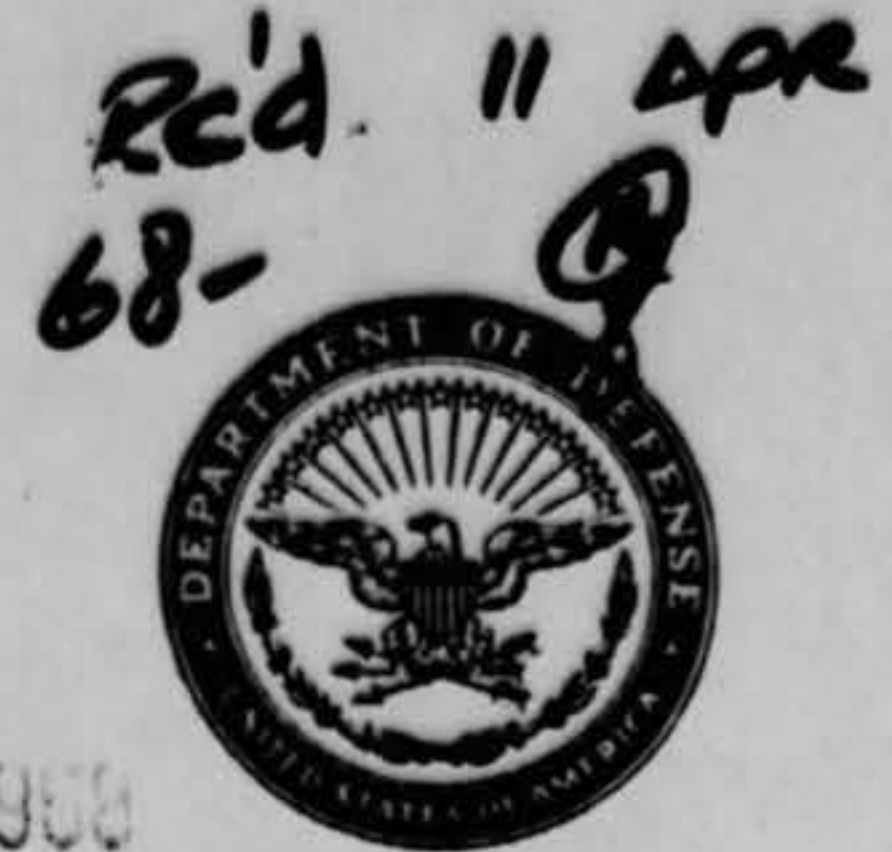
FOR THE COMMANDER


ROBERT A. CALLANAN, Capt, USAF
Executive Officer

3 Atchs:

1. Ltr, US Mission, Berlin
2. AF Form 117
3. AF Form 117

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF: TDA(DET OPR)

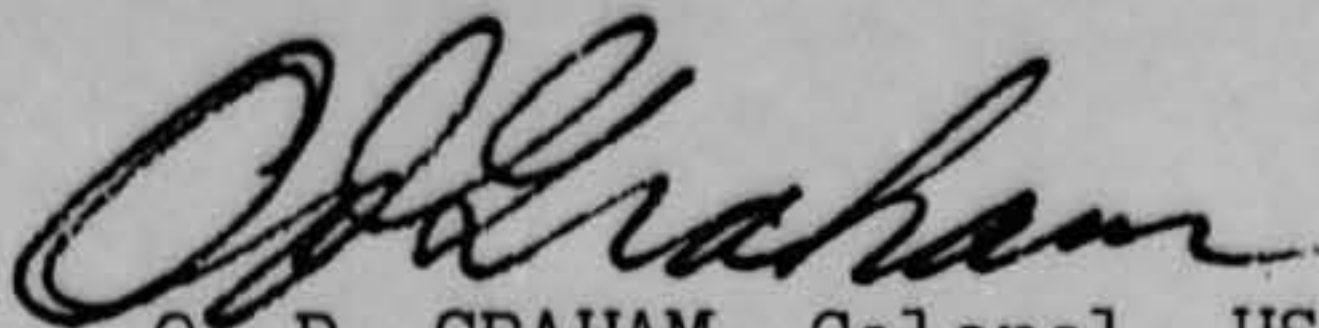
APR 5 1968

SUBJECT: UFO Reporting

TO: TDPT-UFO

1. The attached correspondence is forwarded for necessary action as requested in paragraph 5. Detachment 3 obviously has a problem which has both immediate and long range unfavorable ramifications. We ask that you provide TDA with specific advice and guidance relative to FTD Detachment participation and procedure in pursuing UFO incidences.

2. Your assistance will be greatly appreciated.



O. D. GRAHAM, Colonel, USAF
Director of Foreign Activities

1 Atch
ITIA Ltr, 8 Jan 68,
w/3 Atch: 1. Ltr, US
Mission, Berlin. 2. AF
Form 117. 3. AF Form 117.

TDPT (UFO)

18 APR 1968

UFO Reporting Guidance

TDPT

TDP

TDA (DET OPR)

IN TURN

1. Reference TDA (DET OPR) letter of April 5, 1968, subject "UFO Reporting," in which they transmitted a letter from Detachment 3, dated 8 January 1968, subject "UFO Reporting." It is apparent that the Detachment has a problem, however, it appears to be political and this type of advice is not available from the UFO OPR. AFR 80-17 and Change 1, thereto, specifically states that "this regulation establishes the Air Force program for investigating and analyzing UFOs over the United States." The Deputy Chief of Staff for Research and Development at Hqs USAF is not in favor of investigating UFO reports which occur on foreign soil. If the Facility Commander feels that his facility is threatened by an unidentified flying object, then he should take immediate steps to inform his Air Defense Forces.
2. FTD cannot offer any guidance for the investigation of UFOs in continental Europe because AFR 80-17 is not seeking UFO reports which occur outside the continental limits of the United States.

SECTOR QUINTANILLA, Jr, Major, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AFR 80-17, 19 Sep 66
w/change 1, 26 Oct 67

TDPT (UFO) OFFICIAL FILE CY

Duty Officer Report

BOB Nr 21-R258

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 11 MONTH DEC YEAR 67

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR EVENING MINUTES ☐ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR MINUTES ☐ A.M. ☐ P.M.

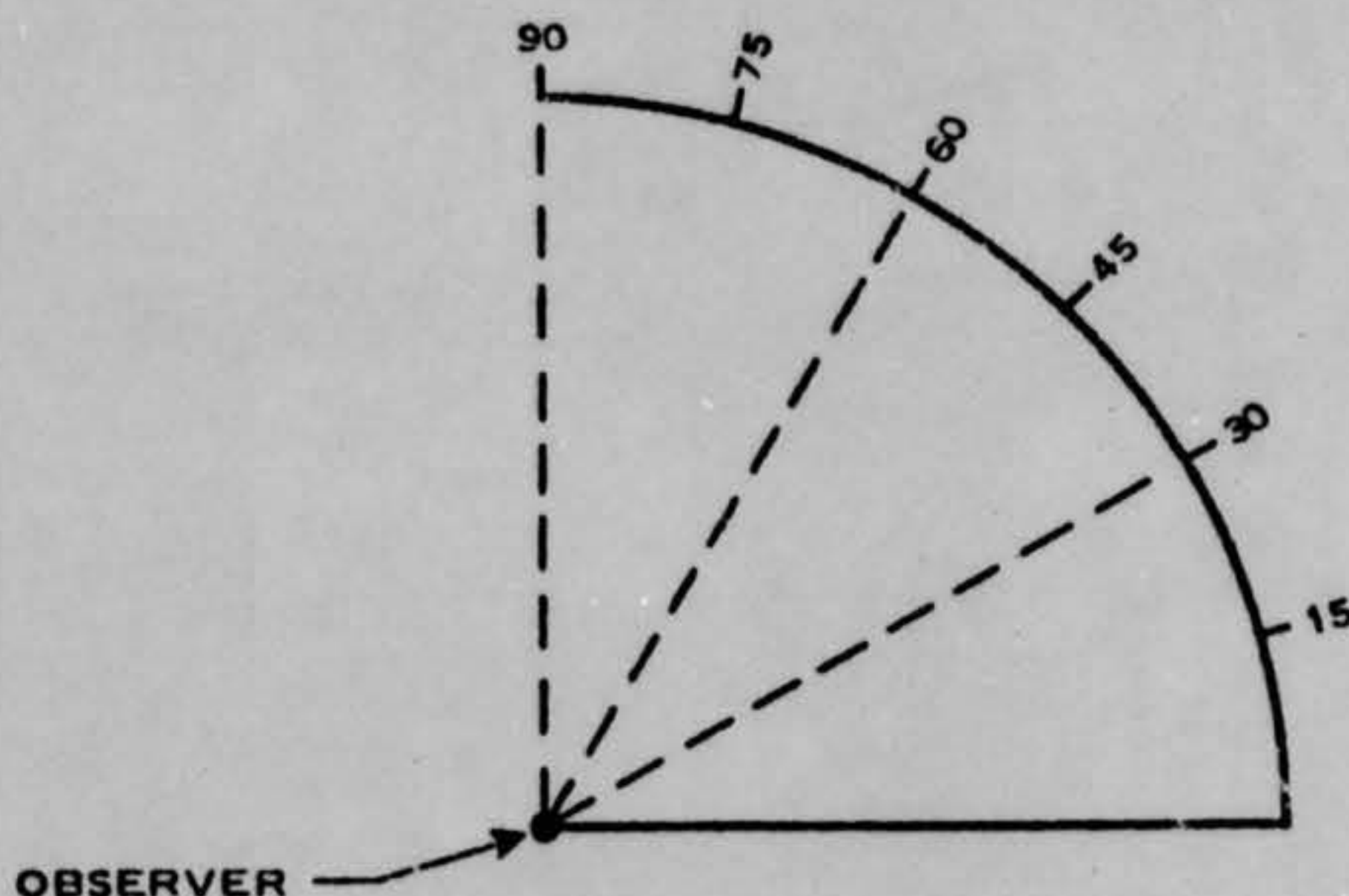
4. TIME/ZONE

☐ DAYLIGHT SAVINGS☒ STANDARD☒ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

NEAR SPRINGFIELD, O.

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



FROM THE PUBLIC SAFETY SECTION
U.S. MISSION, BERLIN
(Tel.: 7709, 7725 and 7726)

→ Lt. Col. W.P. KUNIKOWSKI
BLO/FTD
% DLSI/USCOB

USBER:PS:ht

PGrS-1-

Berlin, Dec 11, 1967
Ext. 6216

SUBJECT: Unidentified Flying Object Over the
Area of Tempelhof

[Handwritten signature]
USBER/PS

1. a) Police Inspection Tempelhof - Wisserodt -
telephone at 0845 hrs

On Dec 11, 1967 about 0140 hrs, the Army guard at the radar system of Marienfelde watched an unidentified object flying to the airport Tempelhof. The flying object was observed for 15 minutes by several guards of the IP-Luft (industrial police - air) floating over the airport Tempelhof. Toward the end of that period the object glided about 50-70 m high over the departure hall of the airport. There the object was also observed by the duty officer of the IP-Luft at Columbiadamm.

Description of the flying object; round, orange colored.

Then the unidentified flying object disappeared. No sound coming from that object was heard. Radio operations center was informed.

b) IP-Luft - Mergener - on telephone inquiry:

Above statements are confirmed.

The flying object had the form of an average orange, flew without lights and had a diameter of about 5-10 meters.

The airport - military side - had been alerted by an soldier of the Air Force who was on duty at the old airport (firing range). According to the statement of this soldier the flying object came directly towards him and flew then away from him towards hangar B, old control tower, where it stood for 10-15 minutes about 70 m high.

Guards on duty of IP-Luft and Air Force police tried to follow the unidentified flying object by cars, however, discontinued their plan when they reached Columbiadamm, because the object flew away in a north-western direction.

A mix-up with the moon is out of the question, since he had already disappeared. Whether the flying object was registered by the radar systems Marienfelde, Teufelsberg and airport Tempelhof, is not known, because these installations work "strictly secret" and give no information. In case details will become known, PGrS will be informed.

c) Radio Operations Center on telephone inquiry:

The radio operations center was informed by the duty officer of IP-Luft. Inquiries made at the police bases along the demarcation line and with several radio patrol cars did not confirm the reports.

ATCH 1

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-R258

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1. WHEN DID YOU SEE THE PHENOMENON?

DAY 11 MONTH Dec YEAR 67

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 1 MINUTES 40 ☒ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 1 MINUTES 41 ☒ A.M. ☐ P.M.

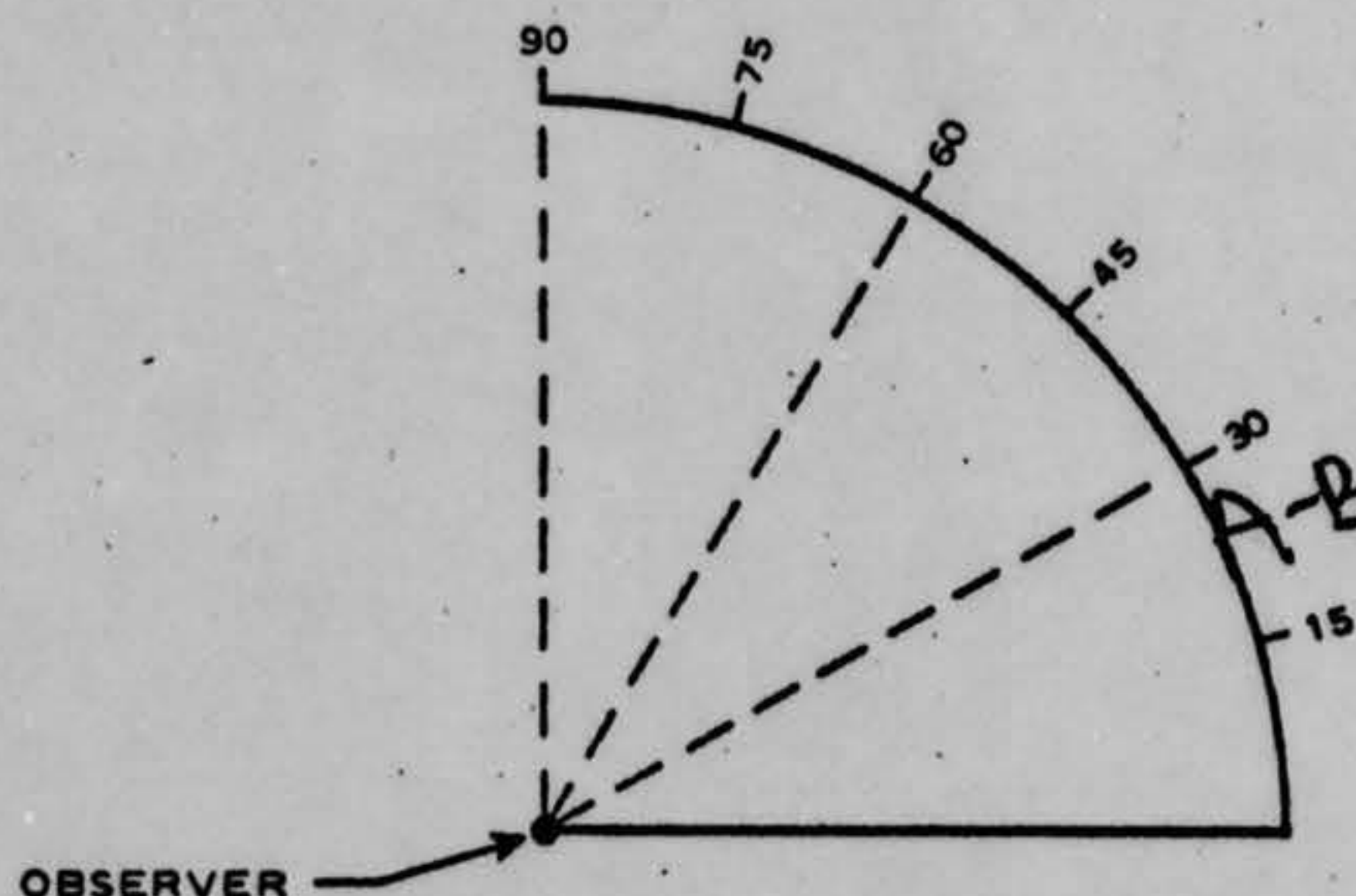
4. TIME / ZONE

☐ DAYLIGHT SAVINGS☒ STANDARDCENTRAL EUROPEAN☐ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☒ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

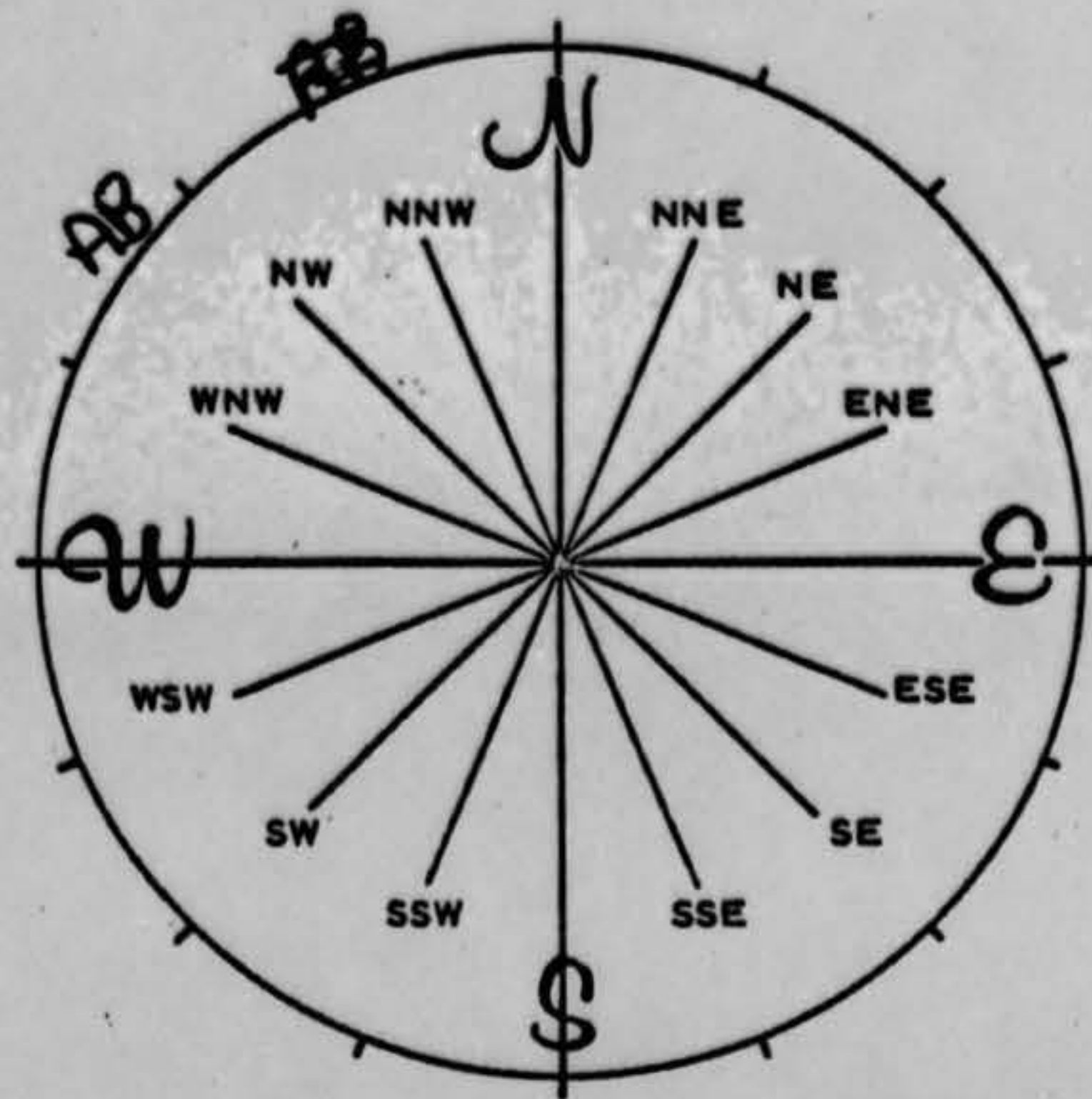
BASE FIRING RANGE - Tempelhof Central
Airport / BERLIN

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

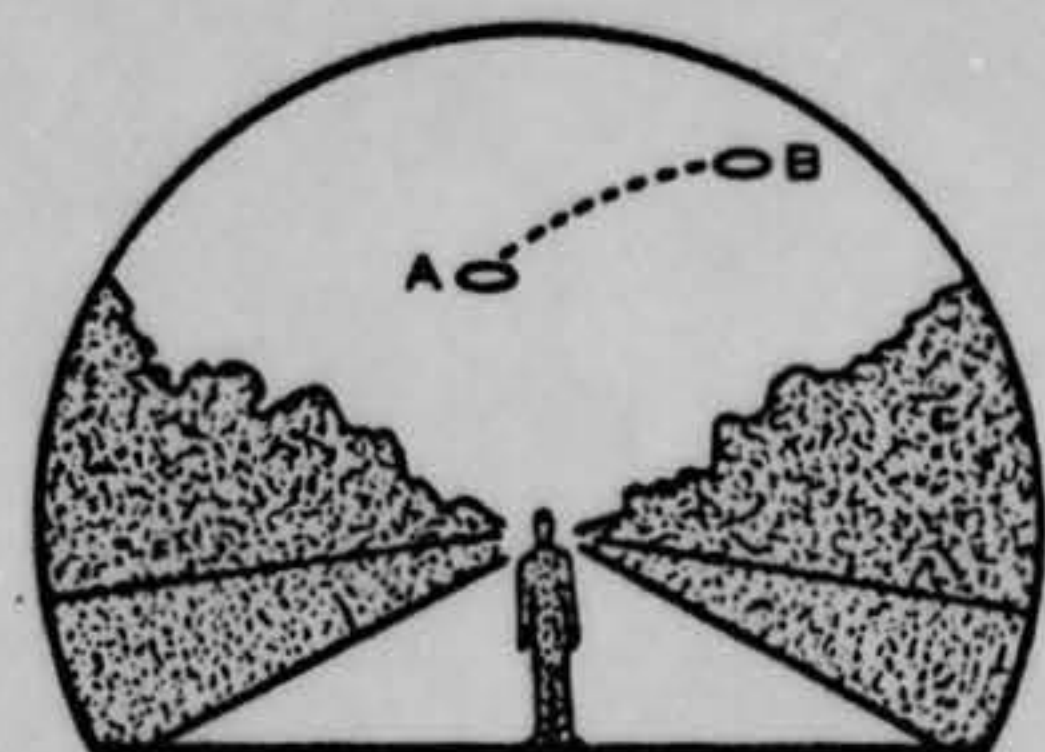
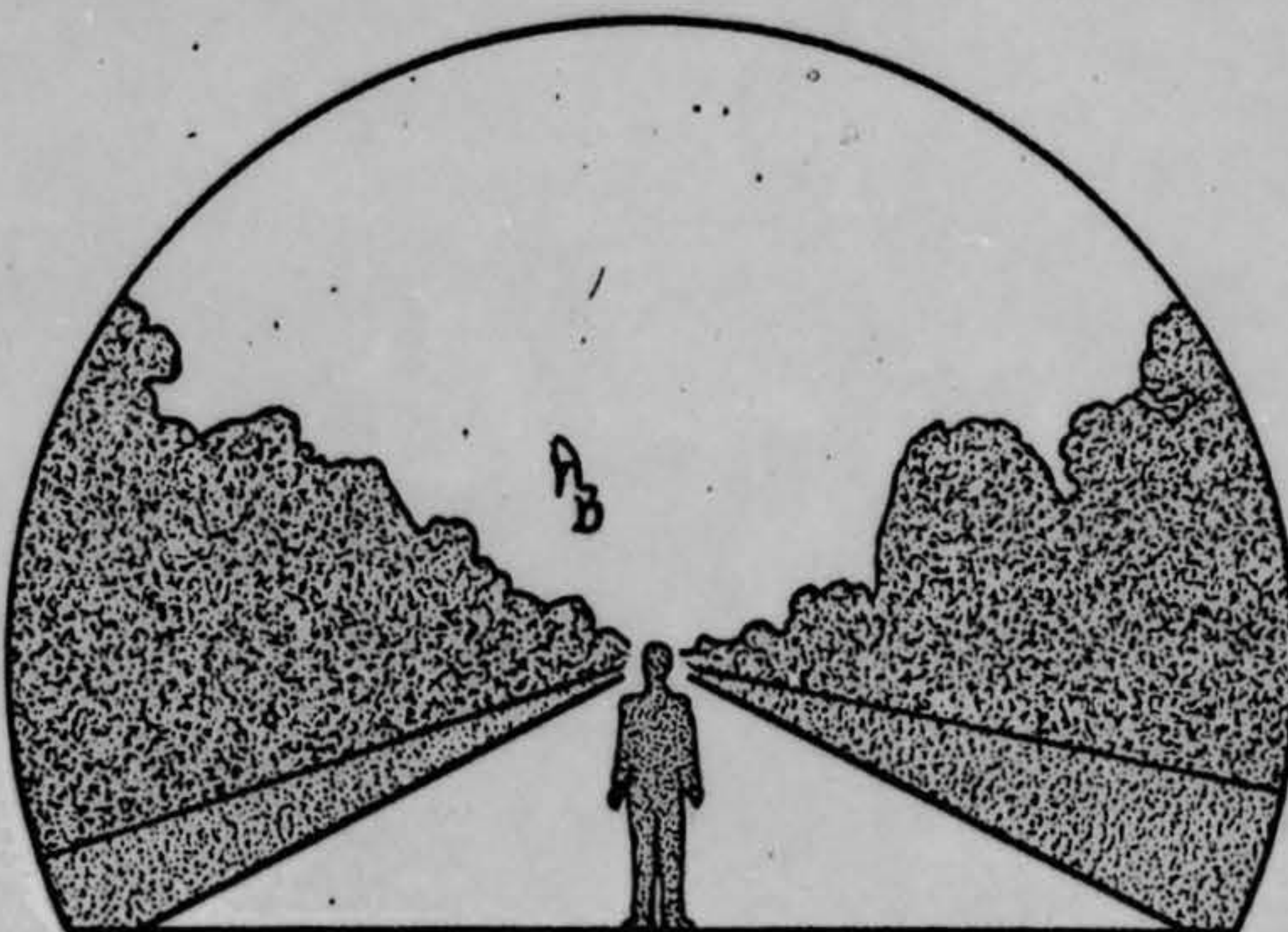


ATCH 2

6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
OUTDOORS		IN BUSINESS SECTION OF CITY	
IN BUILDING		IN RESIDENTIAL SECTION OF CITY	
<input checked="" type="checkbox"/> IN CAR	<input checked="" type="checkbox"/> AS DRIVER	<input checked="" type="checkbox"/> AS PASSENGER	IN OPEN COUNTRYSIDE
IN BOAT		NEAR AIRFIELD	
IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER		FLYING OVER CITY	
OTHER		FLYING OVER OPEN COUNTRY	
		<input checked="" type="checkbox"/> OTHER <u>ON Airfield</u>	
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
NORTH	EAST	<u>20-25 KM</u>	
SOUTH	WEST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
NORTHEAST	SOUTHEAST		
NORTHWEST	<input checked="" type="checkbox"/> SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN. <u>64 Oper Sedan - 1 window - (FL) open. - hard pavement</u>			
HOW MUCH OTHER TRAFFIC WAS THERE? <u>NONE</u>			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME	<u>90 - 120 seconds</u>	<input checked="" type="checkbox"/> CERTAIN OF TIME	<input type="checkbox"/> NOT VERY SURE
		<input checked="" type="checkbox"/> FAIRLY CERTAIN	<input type="checkbox"/> JUST A GUESS
HOW WAS TIME DETERMINED? <u>Length of Time Traveled - 20-25 km</u>			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. <u>But disappeared when we stopped vehicle and dismounted</u>			

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?			X
	STAND STILL AT ANYTIME?	X		
	SUDDENLY SPEED UP AND RUN AWAY?			X
	BREAK UP IN PARTS AND EXPLODE?			X
	CHANGE COLOR?		X	
	GIVE OFF SMOKE?		X	
	CHANGE BRIGHTNESS?		X	
	CHANGE SHAPE?		X	
	FLASH OR FLICKER?		X	
	DISAPPEAR AND REAPPEAR?		X	
	SPIN LIKE A TOP?		X	
	MAKE A NOISE?		X	
	FLUTTER OR WOBBLE?		X	

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

A Radio Call To Security Police Desk
from mobile Patrols

A. HOW DID IT FINALLY DISAPPEAR?

one second it was visible
Then it was NOT

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

☐ YES ☒ NO. IF "YES," DESCRIBE.

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

only one

11. CONDITIONS (Check appropriate blocks.)			
A. SKY		B. WEATHER	
<input type="checkbox"/> DAY	<input checked="" type="checkbox"/>	CUMULUS CLOUDS (Low fluffy) (Strato)	FOG OR MIST
<input type="checkbox"/> TWILIGHT	<input type="checkbox"/>	CIRRUS CLOUDS (High fleecy or Herring-bone)	HEAVY RAIN
<input checked="" type="checkbox"/> NIGHT	<input type="checkbox"/>	NIMBUS CLOUDS (Rain)	LIGHT RAIN OR DRIZZLE
<input type="checkbox"/> CLEAR	<input type="checkbox"/>	CUMULONIMBUS CLOUDS (Thunderstorms)	HAIL
<input type="checkbox"/> PARTLY CLOUDY	<input type="checkbox"/>		SNOW OR SLEET
<input type="checkbox"/> COMPLETELY OVERCAST	<input type="checkbox"/>		UNKNOWN
	<input type="checkbox"/>	HAZE OR SMOG	<input checked="" type="checkbox"/> NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS		(2) MOON	
<input type="checkbox"/> NONE	<input type="checkbox"/>	BRIGHT MOONLIGHT	<input checked="" type="checkbox"/> NO MOONLIGHT
<input checked="" type="checkbox"/> A FEW	<input type="checkbox"/>	MOON WITH HALO	UNKNOWN
<input type="checkbox"/> MANY	<input type="checkbox"/>	MOON HIDDEN BY CLOUDS	
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/>	PARTIAL (New or quarter)	

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☒ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON? *N/A*

<input type="checkbox"/> IN FRONT OF YOU	<input type="checkbox"/> TO YOUR RIGHT	<input type="checkbox"/> OVERHEAD (Near noon)
<input type="checkbox"/> IN BACK OF YOU	<input type="checkbox"/> TO YOUR LEFT	<input type="checkbox"/> UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

NONE.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

Large half sphere shape - Bright orange in color - sharp edges. Small dark shadows within - much brighter than the moon would appear.

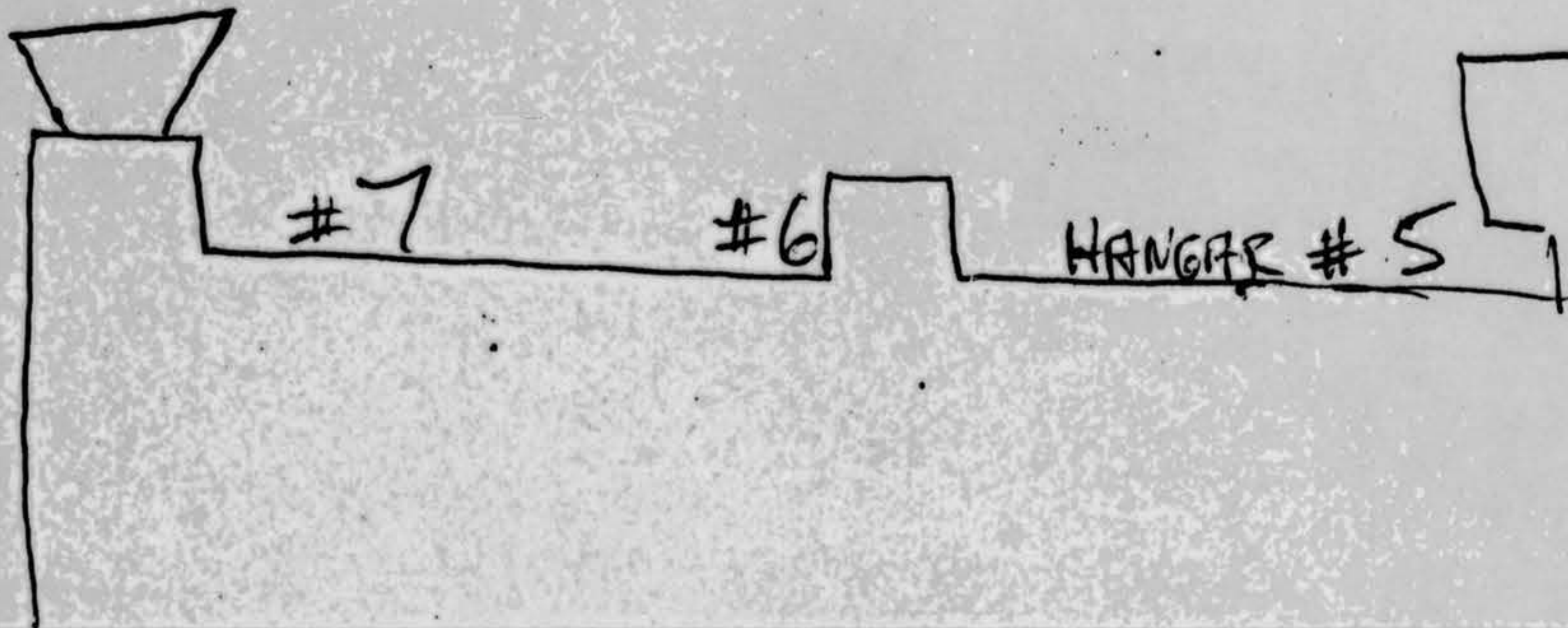


15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.

(WAS NOT MOVING DURING THIS OBSERVATION)

NEW CONTROL
TOWER

OLD CONTROL
TOWER



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

perhaps $\frac{1}{10}$

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☒ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?

A. LIST THEIR NAMES AND ADDRESSES

IPIC WOLDACH, Dieter / 7350th SPRON, TCH, Berlin
SINSP END, Helmut / " " "

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

BARROW, JIMMIE R

ADDRESS (Street, City, State and Zip Code)

7350 S.P. SQ Box #71 APO NY 09611

TELEPHONE (Area code and number)

B/N - 76 4958

AGE

27

☒ MALE

☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

Occupation - SECURITY Police - 8 years

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME MSGT BRUNS, DAY 11 MONTH 12 YEAR 67

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 13 MONTH 12 YEAR 67

INDUSTRIAL
POLICEMAN
FIRST CLASS

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.	
EYEGLASSES	CAMERA VIEWER
SUNGLASSES	BINOCULARS
WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	OTHER
A. DO YOU ORDINARILY WEAR GLASSES? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	B. DO YOU USE READING GLASSES? <u>only</u> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>0</u>	19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>0.45</u>
<p>20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.</p> <p style="font-size: 1.2em; margin-top: 20px;">The Shape - was about the same as The moon - But much larger and Brighter in color</p>	
<p>21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.</p>	
<p>A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.</p>	

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BUDGET BUREAU APPROVAL
NUMBER 21-R258

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1. WHEN DID YOU SEE THE PHENOMENON?

DAY 11 MONTH Dec YEAR 1967

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 0100 MINUTES 20 ☒ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 0100 MINUTES 50 ☒ A.M. ☐ P.M.

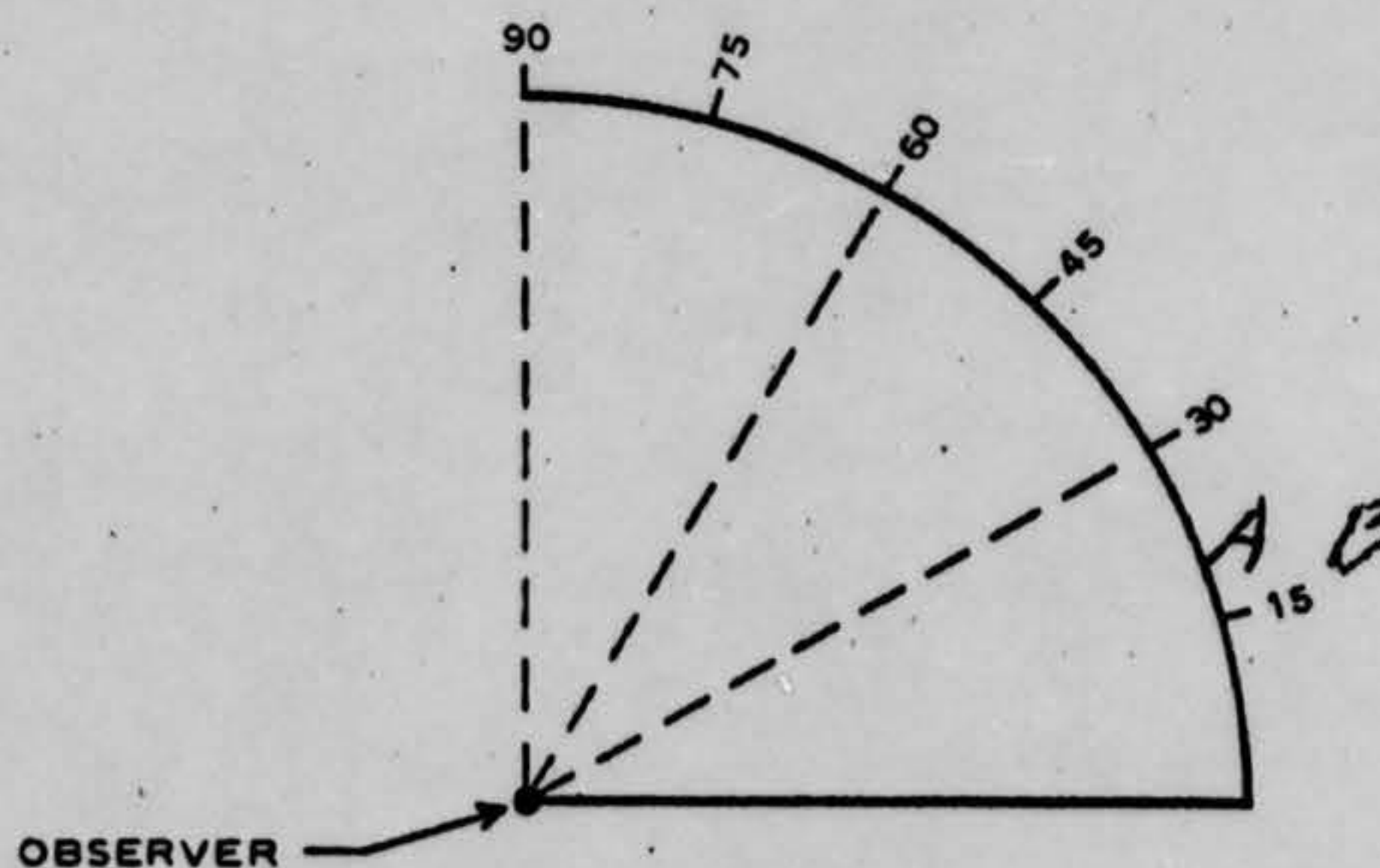
4. TIME/ZONE

☐ DAYLIGHT SAVINGS☒ STANDARD CENTRAL EURO PERM☐ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☒ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

Tempehof Airbase
Base weather station

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



ATCH 3

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER			
<input type="checkbox"/>	DAY	<input type="checkbox"/>	CUMULUS CLOUDS (<i>Low fluffy</i>)	<input type="checkbox"/>	FOG OR MIST
<input type="checkbox"/>	TWILIGHT	<input type="checkbox"/>	CIRRUS CLOUDS (<i>High fleecy or Herring-bone</i>)	<input type="checkbox"/>	HEAVY RAIN
<input type="checkbox"/>	NIGHT			<input type="checkbox"/>	LIGHT RAIN OR DRIZZLE
<input type="checkbox"/>	CLEAR	<input type="checkbox"/>	NIMBUS CLOUDS (<i>Rain</i>)	<input type="checkbox"/>	HAIL
<input checked="" type="checkbox"/>	PARTLY CLOUDY	<input type="checkbox"/>	CUMULONIMBUS CLOUDS (<i>Thunderstorms</i>)	<input type="checkbox"/>	SNOW OR SLEET
<input type="checkbox"/>	COMPLETELY OVERCAST			<input type="checkbox"/>	UNKNOWN
<input type="checkbox"/>		<input type="checkbox"/>	HAZE OR SMOG	<input type="checkbox"/>	NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS		(2) MOON			
	NONE		BRIGHT MOONLIGHT		NO MOONLIGHT
	A FEW		MOON WITH HALO		UNKNOWN
	MANY		MOON HIDDEN BY CLOUDS PARTIAL (<i>New or quarter</i>)		
	UNKNOWN				

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

<input type="checkbox"/>	IN FRONT OF YOU	<input type="checkbox"/>	TO YOUR RIGHT	<input type="checkbox"/>	OVERHEAD (<i>Near noon</i>)
<input type="checkbox"/>	IN BACK OF YOU	<input type="checkbox"/>	TO YOUR LEFT	<input type="checkbox"/>	UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

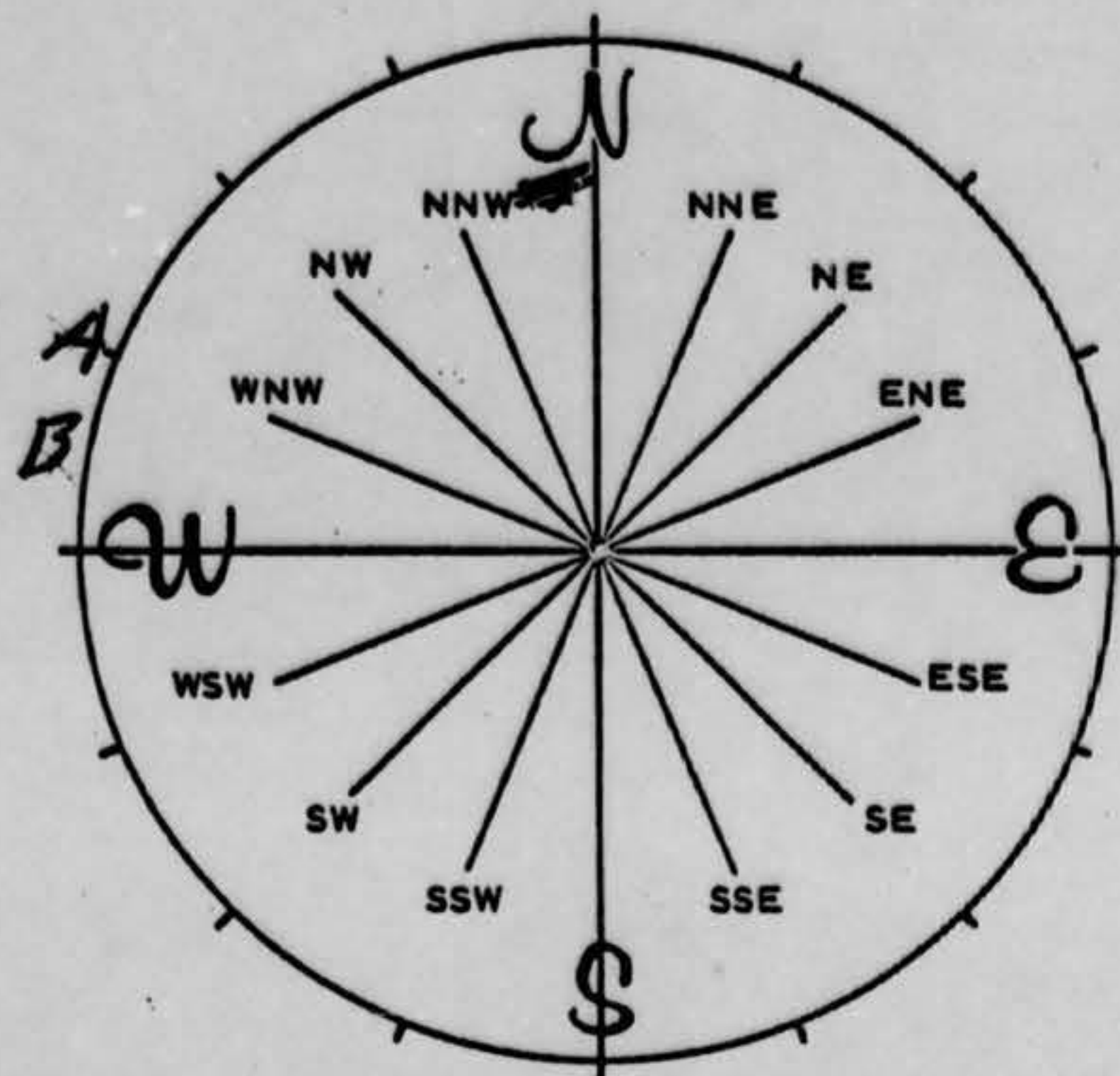
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27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

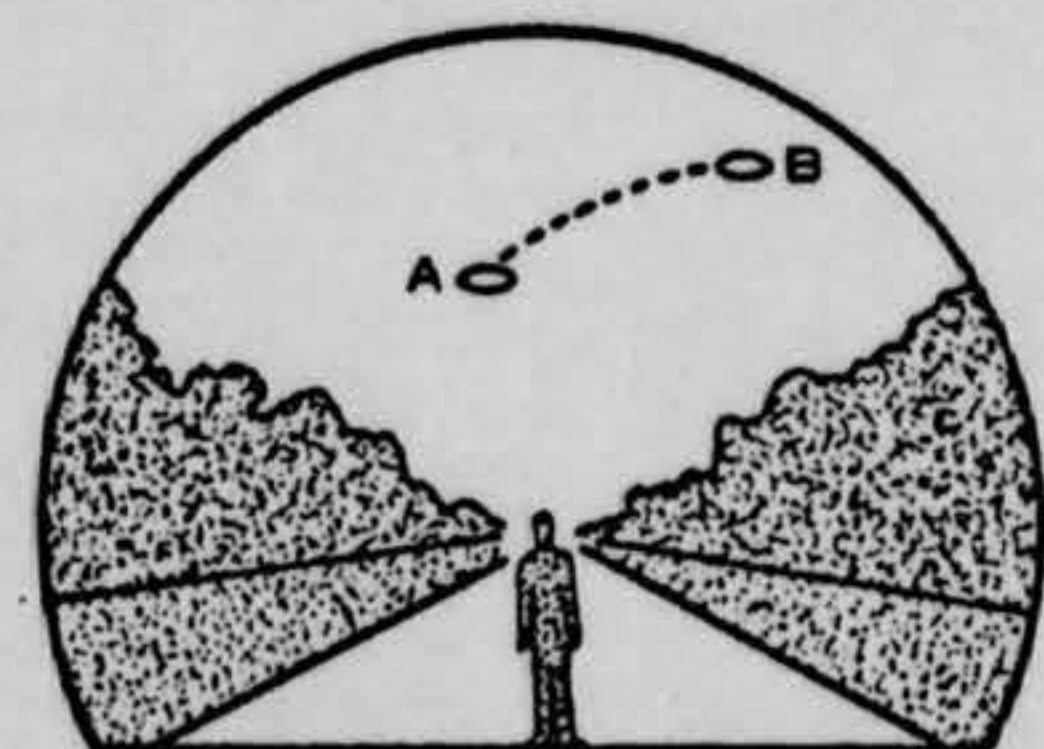
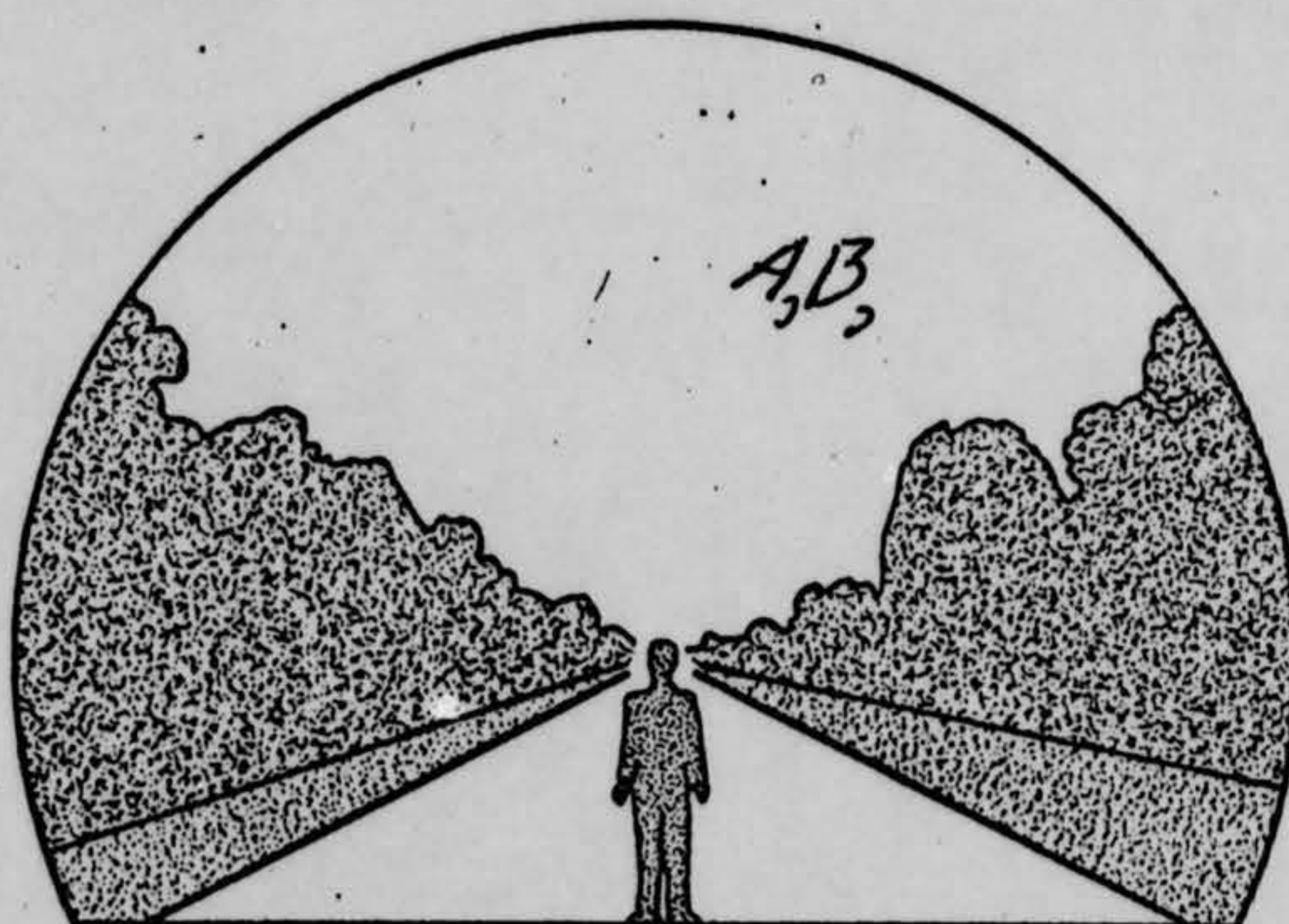
after losing sight ^(SR. INSPECTOR) SINGD END AND
I went around The hangar To The
opposite side To see if we could
see it from There, we never observed
The object again after That.

The Base weather station stated
That The moon had set in The
West, approx 20 min. prior
To The sighting.

6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
OUTDOORS		IN BUSINESS SECTION OF CITY	
IN BUILDING		IN RESIDENTIAL SECTION OF CITY	
<input checked="" type="checkbox"/> IN CAR	<input checked="" type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER	IN OPEN COUNTRYSIDE	
IN BOAT		NEAR AIRFIELD	
IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER		FLYING OVER CITY	
OTHER		FLYING OVER OPEN COUNTRY	
		OTHER	
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
<input checked="" type="checkbox"/> NORTH	EAST	40 KPH	
SOUTH	WEST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?	
NORTHEAST	SOUTHEAST	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
NORTHWEST	SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.			
NO			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
VW P/V, level asphalt road, NO			
HOW MUCH OTHER TRAFFIC WAS THERE?			
NONE			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME		CERTAIN OF TIME	NOT VERY SURE
0120HRS - 0150HRS, 30 min.		<input checked="" type="checkbox"/> FAIRLY CERTAIN	JUST A GUESS
HOW WAS TIME DETERMINED?			
Time checks with Desk Sgt.			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?	✓		
	STAND STILL AT ANYTIME?	✓		
	SUDDENLY SPEED UP AND RUN AWAY?		✓	
	BREAK UP IN PARTS AND EXPLODE?		✓✓	
	CHANGE COLOR?		✓✓	
	GIVE OFF SMOKE?		✓✓	
	CHANGE BRIGHTNESS?		✓✓	
	CHANGE SHAPE?		✓✓	
	FLASH OR FLICKER?		✓✓	
	DISAPPEAR AND REAPPEAR?		✓✓	
	SPIN LIKE A TOP?		✓✓	
	MAKE A NOISE?		✓✓	
	FLUTTER OR WOBBLE?		✓	

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

Unusually position and movement of the light
 in

A. HOW DID IT FINALLY DISAPPEAR?

Gradually disappear at top + bottom at same
 Rate

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

☐ YES ☒ NO. IF "YES," DESCRIBE.

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

N/A

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER			
	DAY	<input checked="" type="checkbox"/>	CUMULUS CLOUDS (<i>Low fluffy</i>)	<input type="checkbox"/>	FOG OR MIST
	TWILIGHT		CIRRUS CLOUDS (<i>High fleecy or Herringbone</i>)	<input type="checkbox"/>	HEAVY RAIN
<input checked="" type="checkbox"/>	NIGHT			<input type="checkbox"/>	LIGHT RAIN OR DRIZZLE
	CLEAR		NIMBUS CLOUDS (<i>Rain</i>)	<input type="checkbox"/>	HAIL
	PARTLY CLOUDY		CUMULONIMBUS CLOUDS (<i>Thunderstorms</i>)	<input type="checkbox"/>	SNOW OR SLEET
	COMPLETELY OVERCAST			<input type="checkbox"/>	UNKNOWN
			HAZE OR SMOG	<input type="checkbox"/>	NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS		(2) MOON	
<input checked="" type="checkbox"/> NONE		<input type="checkbox"/> BRIGHT MOONLIGHT	<input checked="" type="checkbox"/> NO MOONLIGHT
<input type="checkbox"/> A FEW		<input type="checkbox"/> MOON WITH HALO	<input type="checkbox"/> UNKNOWN
<input type="checkbox"/> MANY	<input checked="" type="checkbox"/>	<input type="checkbox"/> MOON HIDDEN BY CLOUDS	
<input type="checkbox"/> UNKNOWN	<input checked="" type="checkbox"/>	<input type="checkbox"/> PARTIAL (New or quarter)	

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

<input type="checkbox"/>	IN FRONT OF YOU	<input type="checkbox"/>	TO YOUR RIGHT	<input type="checkbox"/>	OVERHEAD (Near noon)
<input type="checkbox"/>	IN BACK OF YOU	<input type="checkbox"/>	TO YOUR LEFT	<input type="checkbox"/>	UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

NONE

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

A. Bright object with dots on interior, and it appeared radiate bright orange light - object appeared to be solid with well defined edges, it appeared to be slope sided half sphere

TDPT

TDP

Reference the attached letter (Xerox cy) from TDA
(DET OPR) April 5, 1968. A reply to TDA has been
prepared and is also attached.

TDPT (UFO) Maj Quintanilla

18 Apr 68

70916

27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

When it first appeared in the distance it seemed to appear as 4-5 red lights in a flat plane.

All during the sighting there was cloud-movement in back of the object.

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☒ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?
☒ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

AIC Whitfield, 17350th St. Sq. 09611

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

Schlichter William James Jr.

ADDRESS (Street, City, State and Zip Code)

7350th St. Sq. Box 245 APO 09611

TELEPHONE (Area code and number)

5200

AGE

20

☒

MALE

FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

Me and AIC Whitfield are regular security police patrolmen and patrol a lot at night.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME Sgt. Haggler, Desk Sgt. DAY 11 MONTH Dec YEAR 1967

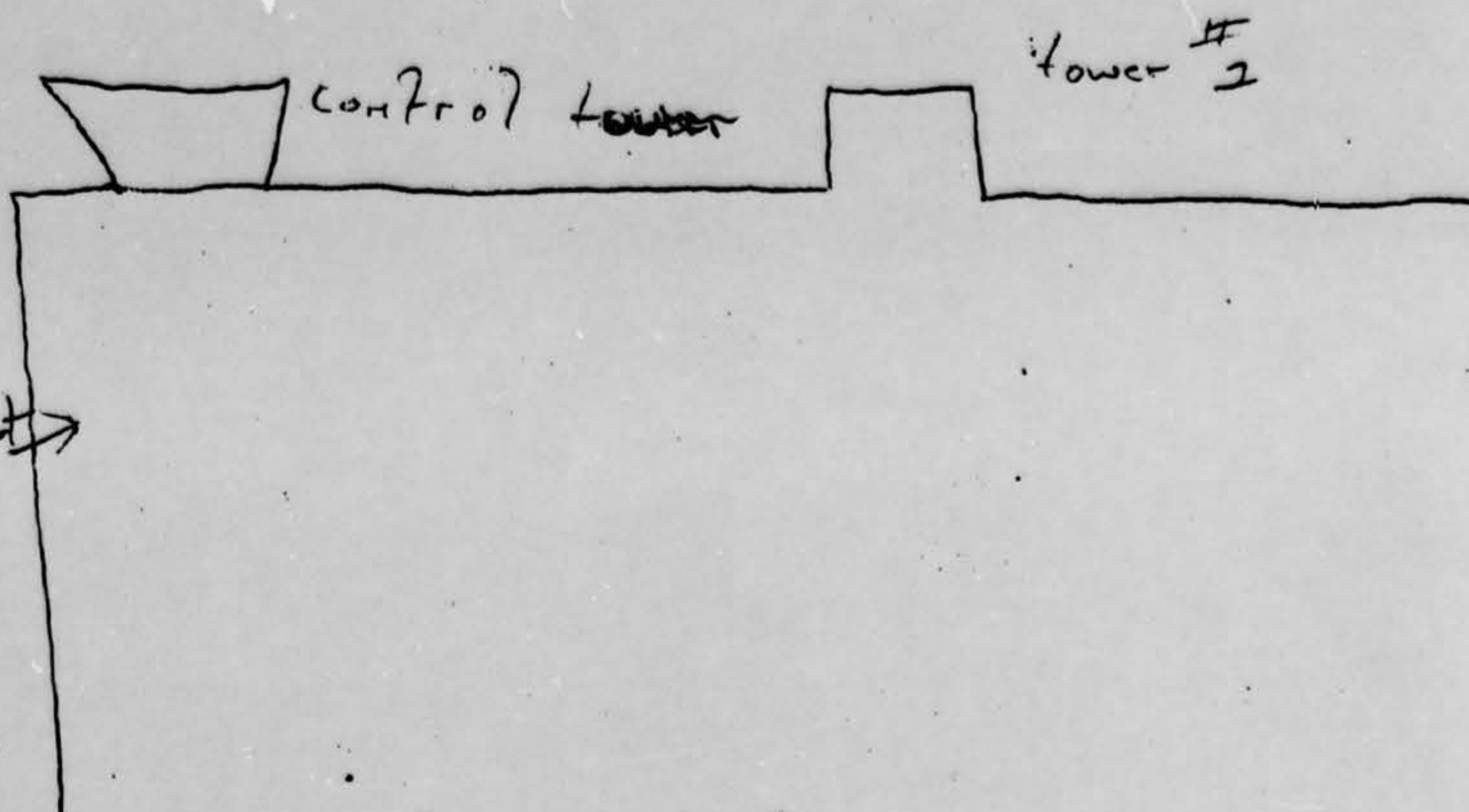
26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 13 MONTH Dec YEAR 1967

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.	
<input checked="" type="checkbox"/> EYEGLASSES	<input type="checkbox"/> CAMERA VIEWER
<input type="checkbox"/> SUNGLASSES	<input type="checkbox"/> BINOCULARS
<input checked="" type="checkbox"/> WINDSHIELD	<input type="checkbox"/> TELESCOPE
<input checked="" type="checkbox"/> SIDE WINDOW OF VEHICLE	<input type="checkbox"/> THEODOLITE
<input type="checkbox"/> WINDOWPANE	<input type="checkbox"/> OTHER
A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>Unable to determine</u>	19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>unk</u>
20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.	
<p>If a half moon was placed in the sky at the same position where where the object was and was 9-10 times larger and orange in color it would appear similar to the object.</p>	
21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.	
A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.	

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.

(COMING TOWARD OBSERVERS)

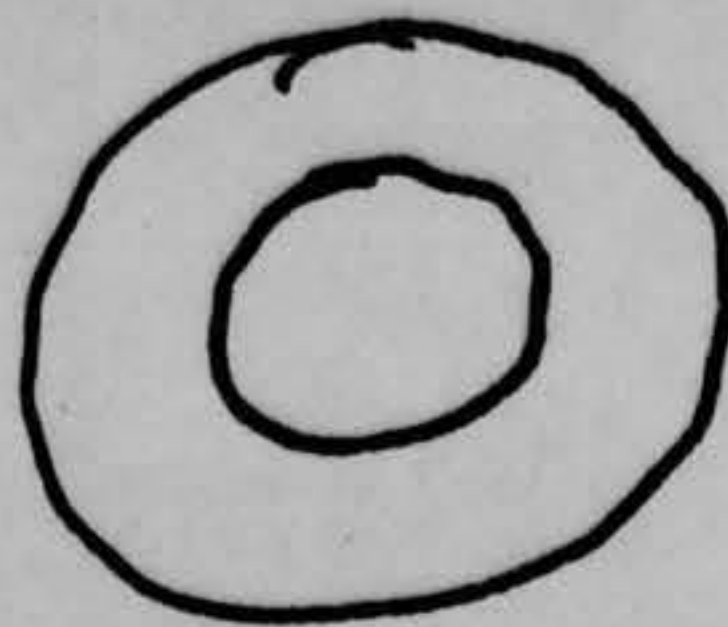
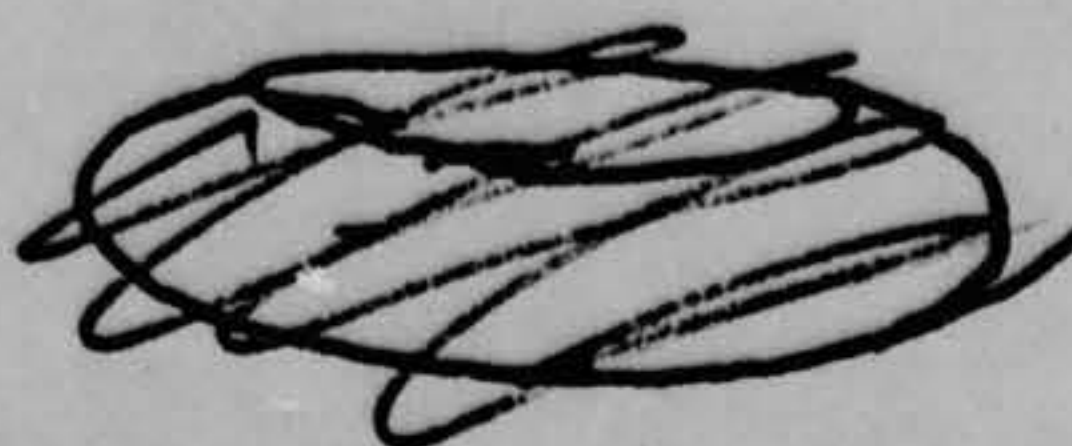


16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

$\frac{1}{10}$

8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
<input checked="" type="checkbox"/>	OUTDOORS		IN BUSINESS SECTION OF CITY
	IN BUILDING		IN RESIDENTIAL SECTION OF CITY
	IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER		IN OPEN COUNTRYSIDE
	IN BOAT		NEAR AIRFIELD
	IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER		FLYING OVER CITY
	OTHER		FLYING OVER OPEN COUNTRY
			OTHER
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
NORTH	EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SOUTH	WEST		
NORTHEAST	SOUTHEAST		
NORTHWEST	SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT EFFECTS YOUR SKETCHES IN ITEMS 5 AND 6. 			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN. 			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON. 			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME	CERTAIN OF TIME	<input checked="" type="checkbox"/>	NOT VERY SURE
	FAIRLY CERTAIN		JUST A GUESS
HOW WAS TIME DETERMINED?			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. 			

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?			
	STAND STILL AT ANYTIME?			
	SUDDENLY SPEED UP AND RUN AWAY?			
	BREAK UP IN PARTS AND EXPLODE?			
	CHANGE COLOR?			
	GIVE OFF SMOKE?			
	CHANGE BRIGHTNESS?			
	CHANGE SHAPE?			
	FLASH OR FLICKER?			
	DISAPPEAR AND REAPPEAR?			
	SPIN LIKE A TOP?			
	MAKE A NOISE?		X	
	FLUTTER OR WOBBLE?			

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

SOUND

A. HOW DID IT FINALLY DISAPPEAR?

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?
☐ YES ☐ NO. IF "YES," DESCRIBE.

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☒ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?
☒ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

SPRINGFIELD

TELEPHONE (Area code and number)

AGE

X

MALE

FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME **FTD DUTY OFFICER** DAY **14** MONTH **DEC** YEAR **67**

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY _____ MONTH _____ YEAR _____

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

EYEGLASSES	CAMERA VIEWER
SUNGLASSES	BINOCULARS
WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	OTHER

A. DO YOU ORDINARILY WEAR GLASSES? ☐ YES ☐ NO

B. DO YOU USE READING GLASSES? ☐ YES ☐ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED _____.

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE _____.

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

TWO PLATES FACE TO FACE - CLASSIC
FLYING SAUCLER SHAPE.

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☐ YES ☒ NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ NO. IF "YES," DESCRIBE.